Vairable	Minimum Dataset								
Number		Minimum Dataset Descriptions	Board of Healing Arts						
	License		MDs	DOs	Podiatrists	Institutional	Physician Assistants	Respiratory Therapists	Radiologic Technologists
		FEDERAL PROVIDER ID NUMBER (IF							
1	FEDPROID	APPLICABLE)(FROM KDHE-HOC SURVEY	NEED	NEED	NEED	NEED	NEED	NEED	NEED
2	PFLICN	LICENSE NUMBER	PFLICN	PFLICN	PFLICN	PFLICN	PFLICN	PFLICN	PFLICN
3	PFLICS	LICENSE STATUS	TYPE		TYPE	TYPE	TYPE	TYPE	TYPE
4	PFOLDT	ORIG LICENSE DATE	PFOLDT	PFOLDT	PFOLDT	PFOLDT	PFOLDT	PFOLDT	PFOLDT
5	PFEXDT	LICENSE EXPIR DATE	PFEXDT	PFEXDT	PFEXDT	PFEXDT	PFEXDT	PFEXDT	PFEXDT
6	PFLSTR	LAST RENEWAL DATE	PFLSTR	PFLSTR	PFLSTR	PFLSTR	PFLSTR	PFLSTR	PFLSTR
7	KLICMETH	LICENSE METHOD (NURSING ONLY)							
8	PFLICTYP	(LICENSE TYPE)	PFLICN	PFLICN	PFLICN	PFLICN	PFLICN	PFLICN	PFLICN
	Demographics								
	PFDTOB	DATE OF BIRTH	PFDTOB		PFDTOB	PFDTOB	PFDTOB	PFDTOB	PFDTOB
10	PFPLOB	PLACE OF BIRTH	PFPLOB	PFPLOB	PFPLOB	PFPLOB	PFPLOB	PFPLOB	PFPLOB
11	KSEX	GENDER	Gender	Gender	Gender	Gender	Gender	Gender	Gender
12	KLNGENG	LANG ENGLISH	EnglishLang	EnglishLang	EnglishLang	EnglishLang	EnglishLang	EnglishLang	EnglishLang
13	KLNGSPN	LANG SPANISH	SpanishLang	SpanishLang	SpanishLang	SpanishLang	SpanishLang	SpanishLang	SpanishLang
14	KLNGCHIN	LANG CHINESE	NEED	NEED	NEED	NEED	NEED	NEED	NEED
	KLNGFREN	LANG FRENCH	NEED	NEED	NEED	NEED	NEED	NEED	NEED
16		LANG GERMAN	NEED	NEED	NEED	NEED	NEED	NEED	NEED
17	KLNGTAGA	LANG TAGALOG	NEED	NEED	NEED	NEED	NEED	NEED	NEED
	KLNGVIET	LANG VIETNAMESE	NEED	NEED	NEED	NEED	NEED	NEED	NEED
	KLNGARAB	LANG ARABIC	NEED	NEED	NEED	NEED	NEED	NEED	NEED
	KLNGHIND	LANG HINDI	NEED	NEED	NEED	NEED	NEED	NEED	NEED
	KLNGPILI	LANG PILIPINO	NEED	NEED	NEED	NEED	NEED	NEED	NEED
22		LANG URDU	NEED	NEED	NEED	NEED	NEED	NEED	NEED
23	KLNGSIGN	LANG SIGN	SignLang	SignLang	SignLang	SignLang	SignLang	SignLang	SignLang
24	KLNGOTH	LANG OTHER	OtherLang	OtherLang	OtherLang	OtherLang	OtherLang	OtherLang	OtherLang
25	KLNGSPC	LANG SPECIFY	OtherLangSpecify	OtherLangSpecify	OtherLangSpecify	OtherLangSpecify	OtherLangSpecify	OtherLangSpecify	OtherLangSpecify
26	KRACEW	RACE WHITE	Race	Race	Race	Race	• • •	Race	Race
	KRACEB	RACE BLACK OR AFRICAN AMERICAN	Race	Race	Race	Race		Race	Race
	KRACEN	RACE AMERICAN INDIAN OR ALASKA NATIVE		Race	Race	Race		Race	Race
29		RACE ASIAN	Race	Race	Race	Race	Race	Race	Race
23		RACE NATIVE HAWAIIAN OR OTHER PACIFIC				. 1.000			
30	KRACEHPI	ISLANDER	Race	Race	Race	Race	Race	Race	Race
	KHISPANY	ETHNICITY HISPANIC OR LATINO			OKHISPAN	OKHISPAN		OKHISPAN	OKHISPAN
	KHISPANN	ETHNICITY NOT HISPANIC OR LATINO			OKHISPAN	OKHISPAN		OKHISPAN	OKHISPAN
		RACE OTHER	OtherRace	OtherRace	OtherRace	OtherRace	OtherRace	OtherRace	OtherRace
	KRACESPC	RACE SPECIFY	NEED Dorm IISCit	NEED Dorm ISCit	NEED Dorm I SCit	NEED	NEED Dorm I SCit	NEED	NEED
	PFUSRY	US RESIDENT OR CITIZEN (Y)	PermUSCit	PermUSCit	PermUSCit		PermUSCit		
	PFUSRN	US RESIDENT OR CITIZEN (N)	PermUSCit	PermUSCit	PermUSCit	NEED	PermUSCit	N.E.E.	NEED .
37	RETIREY	RETIRING IN THE NEXT TWO YEARS YES	NEED	NEED	NEED	NEED	NEED	NEED	NEED

Vairable	Minimum Dataset								
Number		Minimum Dataset Descriptions	Board of Healing Arts						
INGITIDO	II variable (varie	William Dataset Descriptions	Dodra of Ficaling Arts						
	License		MDs	DOs	Podiatrists	Institutional	Physician Assistants	Respiratory Therapists	Radiologic Technologists
38	RETIREN	RETIRING IN THE NEXT TWO YEARS NO	NEED	NEED	NEED	NEED	NEED	NEED	NEED
		ARE YOU ACTIVELY RECRUTING A DENTIST							
39		TO JOIN YOUR PRACTICE							
	ii —	IF YES, HOW LONG HAVE YOU BEEN							
40		LOOKING FOR A DENTIST TO JOIN YOUR							
41		IS YOUR PRACTICE CURRENTLY FOR SALE							
		ARE YOU CURRENTLY RECRUITING FOR A							
42		DENTAL HYGIENIST							
		ARE YOU CURRENTLY SEEKING							
43		EMPLOYMENT AS A DENTIST (FULL OR PART							
		IF YES, HOW LONG HAVE YOU BEEN							
44		LOOKING FOR EMPLOYMENT AS A DENTIST?							
	Person	FIDOT NAME	DENIMEE	DENIMEE	DENIMEE	DENIMEE	DENIMEE	DENIMEE	DENIMEE
	PFNMEF PFNMEI	FIRST NAME		PFNMEF PFNMEI	PFNMEF PFNMEI	PFNMEF PFNMEI	PFNMEF PFNMEI	PFNMEF PFNMEI	PFNMEF
	PFNMEL	MIDDLE INITIAL							PENMEL
	PFNMES	LAST NAME	PFNMEL	PFNMEL	PFNMEL	PFNMEL	PFNMEL	PFNMEL	PFNMEL
	CREDENT	NAME SUFFIX PROFESSIONAL DESIGNATION							
	Residents	PROFESSIONAL DESIGNATION							
	Residents		RESIDENCE	RESIDENCE					
50	KRESPGMN	RESIDENCE PROGRAM NO (X)	PROGRAM NO (X)	PROGRAM NO (X)					
50	KKLSFGWIN	RESIDENCE PROGRAM NO (X)	RESIDENCE	RESIDENCE					
51	KRESPGMY	RESIDENCE PROGRAM YES (X)		PROGRAM YES (X)					
31	INCLO OWI	REGIDENCE I ROGIVAM LEG (X)	RESIDENCE	RESIDENCE					
52	KRESINST	RESIDENCE INSTITUTION	INSTITUTION	INSTITUTION					
	KRESCITY	RESIDENCE CITY	RESIDENCE CITY	RESIDENCE CITY					
	KRESSTE	RESIDENCE STATE	RESIDENCE STATE	RESIDENCE STATE				†	
	KRESZIP	RESIDENCE ZIP (5 digit)	RESIDENCE ZIP	RESIDENCE ZIP				1	
7.0	ii -	(* 5 7)	RESIDENCE ZIP	RESIDENCE ZIP					
56	KRESZ_4	RESIDENCE ZIP EXTENSION (4 digit)	EXTENSION	EXTENSION					
	KRESCO	RESIDENCE COUNTY	RESIDENCE COUNTY	RESIDENCE COUNTY					
	Specialty								
	KSC1	SPECIALIZATION CODE 1		PFSPEC			PFSPEC		
	KSC2	SPECIALIZATION CODE 2	PFSPEC	PFSPEC			PFSPEC		
60	KSC3	SPECIALIZATION CODE 3	PFSPEC	PFSPEC			PFSPEC		
61	SPNAME1	SPECIALIZATION NAME 1	SPEC1	SPEC1			SPEC1		
62	SPNAME2	SPECIALIZATION NAME 2	SPEC2	SPEC2			SPEC2		
63	SPNAME3	SPECIALIZATION NAME 3	SPEC3	SPEC3			SPEC3		
	SPECOTH1	OTHER SPECIALIZATION NAME 1	NEED	NEED			NEED		
	SPECOTH2	OTHER SPECIALIZATION NAME 2	NEED	NEED			NEED		
	SPECOTH3	OTHER SPECIALIZATION NAME 3	NEED	NEED			NEED		

/airable	Minimum Dataset								
lumber	Variable Name	Minimum Dataset Descriptions	Board of Healing Arts						
	License		MDs	DOs	Podiatrists	Institutional	Physician Assistants	Respiratory Therapists	Radiologic Technologists
67	KBC1N	BOARD CERTIFIED SPEC 1 NO (X)	BOCert1	BOCert1					
68	KBC1Y	BOARD CERTIFIED SPEC 1 YES (X)	BOCert1	BOCert1					
69	KBC2N	BOARD CERTIFIED SPEC 2 NO (X)	BOCert2	BOCert2					
70	KBC2Y	BOARD CERTIFIED SPEC 2 YES (X)	BOCert2	BOCert2					
	KBC3N	BOARD CERTIFIED SPEC 3 NO (X)	BOCert3	BOCert3					
	KBC3Y	BOARD CERTIFIED SPEC 3 YES (X)	BOCert3	BOCert3					
	Education								
	PFSCHM	SCHOOL DESCRIPTION (NAME)	PFSCHM	PFSCHM	PFSCHM	PFSCHM	PFSCHM	PFSCHM	PFSCHM
	PFSCHOOL	SCHOOL CODE	SCHOOLCODE	SCHOOLCODE	SCHOOLCODE	SCHOOLCODE	SCHOOLCODE	SCHOOLCODE	SCHOOLCODE
	DEGREE	COLLEGE DEGREE							
	PFDEGD	DEGREE DATE	PFDEGD	PFDEGD	PFDEGD	PFDEGD	PFDEGD	PFDEGD	PFDEGD
	EDLEVELH	EDUCATION LEVEL-HIGHEST							
		GRADUATE OF AN INTERNATIONAL SCHOOL							
78	ISCHOOLY	(YES)	OKFSGRAD	OKFSGRAD	OKFSGRAD	OKFSGRAD	OKFSGRAD	OKFSGRAD	OKFSGRAD
	ii –	GRADUATE OF AN INTERNATIONAL SCHOOL							
79	ISCHOOLN	(NO)	OKFSGRAD	OKFSGRAD	OKFSGRAD	OKFSGRAD	OKFSGRAD	OKFSGRAD	OKFSGRAD
	Mailing								
80	ADRESP	MAIL ADD TYPE (PROF OR HOME)	ADRESD	ADRESD	ADRESD	ADRESD	ADRESD	ADRESD	ADRESD
81	 	MAIL ORGANIZATION NAME	NEED	NEED	NEED	NEED	NEED	NEED	NEED
82	ADLNE1	MAIL ADDRESS 1	ADLNE1	ADLNE1	ADLNE1	ADLNE1	ADLNE1	ADLNE1	ADLNE1
83	ADLNE2	MAIL ADDRESS 2	ADLNE2	ADLNE2	ADLNE2	ADLNE2	ADLNE2	ADLNE2	ADLNE2
84	ADCITY	MAIL CITY	ADCITY	ADCITY	ADCITY	ADCITY	ADCITY	ADCITY	ADCITY
85	ADSTE	MAIL STATE	ADSTE	ADSTE	ADSTE	ADSTE	ADSTE	ADSTE	ADSTE
86	ADZIPC	MAIL ZIPCODE (5 digit)	ADZIPC (5)	ADZIPC (5)	ADZIPC (5)	ADZIPC (5)	ADZIPC (5)	ADZIPC (5)	ADZIPC (5)
87		MAIL ZIPCODE (4 digit)	ADZIPC (4)	ADZIPC (4)	ADZIPC (4)	ADZIPC (4)	ADZIPC (4)	ADZIPC (4)	ADZIPC (4)
88	ADPHNE	MAIL PHONE	ADPHNE	ADPHNE	ADPHNE	ADPHNE	ADPHNE	ADPHNE	ADPHNE
	Practice General								
	KDPCAREY	KANSAS DIRECT PATIENT CARE (Y)	KDPCAREY	KDPCAREY	KDPCAREY	KDPCAREY	KDPCAREY	KDPCAREY	KDPCAREY
90	KDPCAREN	KANSAS DIRECT PATIENT CARE (N)	KDPCAREN	KDPCAREN	KDPCAREN	KDPCAREN	KDPCAREN	KDPCAREN	KDPCAREN
		HOURS IN ADMINISTRATION IN A TYPICAL							
	ADMINHRS	WEEK	NEED	NEED	NEED	NEED	NEED	NEED	NEED
92	RESEAHRS	HOURS IN RESEARCH IN A TYPICAL WEEK	NEED	NEED	NEED	NEED	NEED	NEED	NEED
93		HOURS IN TEACHING IN A TYPICAL WEEK	NEED	NEED	NEED	NEED	NEED	NEED	NEED
94	OTHHRS	HOURS IN OTHER IN A TYPICAL WEEK	NEED	NEED	NEED	NEED	NEED	NEED	NEED
	Practice 1								
	KORGPS1	PRACTICE SITE 1 ORGANIZATION NAME	P1NAME	P1NAME	P1NAME	P1NAME	P1NAME	P1NAME	P1NAME
	KLN1PS1	PRACTICE SITE 1 ADDRESS 1	P1ADLNE1	P1ADLNE1	P1ADLNE1	P1ADLNE1	P1ADLNE1	P1ADLNE1	P1ADLNE1
	KLN2PS1	PRACTICE SITE 1 ADDRESS 2	P1ADLNE2	P1ADLNE2	P1ADLNE2	P1ADLNE2	P1ADLNE2	P1ADLNE2	P1ADLNE2
	KPSCITY1	PRACTICE SITE 1 CITY	P1ADCITY	P1ADCITY	P1ADCITY	P1ADCITY	P1ADCITY	P1ADCITY	P1ADCITY
	KPSSTE1	PRACTICE SITE 1 STATE	P1ADSTE	P1ADSTE	P1ADSTE	P1ADSTE	P1ADSTE	P1ADSTE	P1ADSTE
100	KPSZIP1	PRACTICE SITE 1 ZIP (5 digit)	P1ADZIPC (5)	P1ADZIPC (5)	P1ADZIPC (5)	P1ADZIPC (5)	P1ADZIPC (5)	P1ADZIPC (5)	P1ADZIPC (5)

Vairable	Minimum Dataset								
	Variable Name	Minimum Dataset Descriptions	Board of Healing Arts						
Number	Valiable Ivallie	Millimum Dataset Descriptions	Dodiu of Healing Arts						
l _i	_icense		MDs	DOs	Podiatrists	Institutional	Physician Assistants	Respiratory Therapists	Radiologic Technologists
	KPSZ1 4	PRACTICE SITE 1 ZIP EXTENSION (4 digit)			P1ADZIPC (4)		,	P1ADZIPC (4)	P1ADZIPC (4)
	KPSPH1	PRACTICE SITE 1 PHONE		P1ADPHNE	P1ADPHNE	P1ADPHNE	P1ADPHNE	P1ADPHNE	P1ADPHNE
	KPSFAX1	PRACTICE SITE 1 FAX			P1FAX		P1FAX	P1FAX	P1FAX
	KPS1EMAL	PRACTICE SITE 1 EMAIL ADDRESS		P1EMAIL	P1EMAIL		P1EMAIL	P1EMAIL	P1EMAIL
	KPSTYPE1	PRACTICE SITE 1 TYPE			KPSTYPE1		KPSTYPE1	KPSTYPE1	KPSTYPE1
	KPTYOTH1	PRACTICE SITE 1 OTHER			OtherSetting1		OtherSetting1	OtherSetting1	OtherSetting1
	KPATSEE1	PATIENTS SEEN PER WEEK SITE 1			NoPatWeek1	•	NoPatWeek1	NoPatWeek1	NoPatWeek1
	KHRSPS1	PRACTICE SITE 1 HOURS			NoHrsdircare1		NoHrsdircare1	NoHrsdircare1	NoHrsdircare1
	KWKPYR1	PRACTICE SITE 1 WKS PER YR			NoWksYear1		NoWksYear1	NoWksYear1	NoWksYear1
	KPCT1PS1	PRACTICE SITE 1 % SPECIALTY 1		PercentDirPatCare1		PercentDirPatCare			Nowks real r
	KPCT2PS1	PRACTICE SITE 1 % SPECIALTY 2		PercentDirPatCare1	_		PercentDirPatCare	_	
	KPCT3PS1	PRACTICE SITE 1 % SPECIALTY 3		PercentDirPatCare1			PercentDirPatCare		
	KPCTMH1	PRACTICE SITE 1 % MENTAL HEALTH	NEED	NFFD		NEED NEED	NEED NEED	1_0	
113	NE GTIVIETT	PERCENT OF MEDICAID PATIENTS AT	INLLU	INLLU		INLLU	INLLU		
114	KPCTMEDICAIDPS		NEED	NEED		NEED	NEED		
114	RECTIVILLUIGAIDE	PERCENT OF SLIDING FEE PATIENTS AT	INLLU	NLLD		NEED	INLLU		
115	KPCTSLIDEFEEPS		NEED	NEED		NEED	NEED		
	DENTHYGPS1	DENTAL HYGIENISTS AT PRACTICE SITE 1	NEED	NEED		NEED	NEED		
		DENTAL ASSISTANTS AT PRACTICE SITE 1	NEED	NEED		HEED	NEED		
		DENTAL SCALING ASSISTANTS AT PRACTICE							
118		SITE 1							
T I		DENTAL HYGIENIST WITH EXTENDED CARE							
119	ECPLVL1PS1	PERMIT LEVEL 1 PRACTICE SITE 1							
		DENTAL HYGIENIST WITH EXTENDED CARE							
120	ECPLVL2PS1	PERMIT LEVEL 2 PRACTICE SITE 1							
	NEWPATPS1Y	NEW PATIENTS AT SITE 1 YES	NEED	NEED		NEED	NEED		
	NEWPATPS1N	NEW PATIENTS AT SITE 1 NO	NEED	NEED		NEED	NEED		
	WAITHRSPS1	WAIT HOURS AT SITE 1	NEED	NEED		NEED	NEED		
	Practice 2					BONALIE	BALLAME	BALLANE	BANIANE
	KORGPS2	PRACTICE SITE 2 ORGANIZATION NAME			P2NAME		P2NAME	P2NAME	P2NAME
	KLN1PS2	PRACTICE SITE 2 ADDRESS 1			P2ADLNE1		P2ADLNE1	P2ADLNE1	P2ADLNE1
	KLN2PS2	PRACTICE SITE 2 ADDRESS 2			P2ADLNE2		P2ADLNE2	P2ADLNE2	P2ADLNE2
	KPSCITY2	PRACTICE SITE 2 CITY			P2ADCITY		P2ADCITY	P2ADCITY	P2ADCITY
	KPSSTE2	PRACTICE SITE 2 STATE			P2ADSTE		P2ADSTE	P2ADSTE	P2ADSTE
129	KPSZIP2	PRACTICE SITE 2 ZIP (5 digit)	P2ADZIPC (5)	P2ADZIPC (5)	P2ADZIPC (5)	P2ADZIPC (5)	P2ADZIPC (5)	P2ADZIPC (5)	P2ADZIPC (5)
	L/D070 /	DDA OTIOE OLTE O ZID EVZEVICION (4. II. III.	D04 D7/D0 (1)	D04 D7/D0 / (1)	D04D7ID0 (1)	D04 D7/D0 (1)	D04 D7/D0 / (*)	D04 D7/D0 //:	D04 D 7/D0 (4)
	KPSZ2_4	PRACTICE SITE 2 ZIP EXTENSION (4 digit) PRACTICE SITE 2 PHONE			P2ADZIPC (4)	P2ADZIPC (4)		P2ADZIPC (4)	P2ADZIPC (4)
	KPSPH2	PRACTICE SITE 2 PHONE PRACTICE SITE 2 FAX			P2ADPHNE			P2ADPHNE	P2ADPHNE
	KPSFAX2				P2FAX		P2FAX	P2FAX	P2FAX
133	KPS2EMAL	PRACTICE SITE 2 EMAIL ADDRESS	P2EMAIL	P2EMAIL	P2EMAIL	P2EMAIL	P2EMAIL	P2EMAIL	P2EMAIL

Vairable	Minimum Dataset								
Number	Variable Name	Minimum Dataset Descriptions	Board of Healing Arts						
	License		MDs	DOs	Podiatrists	Institutional	Physician Assistants	Respiratory Therapists	Radiologic Technologists
134	KPSTYPE2	PRACTICE SITE 2 TYPE	KPSTYPE2	KPSTYPE2	KPSTYPE2	KPSTYPE2	KPSTYPE2	KPSTYPE2	KPSTYPE2
135	KPTYOTH2	PRACTICE SITE 2 OTHER	OtherSetting2	OtherSetting2	OtherSetting2	OtherSetting2	OtherSetting2	OtherSetting2	OtherSetting2
136	KPATSEE2	PATIENTS SEEN PER WEEK SITE 2	NoPatWeek2	NoPatWeek2	NoPatWeek2	NoPatWeek2	NoPatWeek2	NoPatWeek2	NoPatWeek2
137	KHRSPS2	PRACTICE SITE 2 HOURS	NoHrsdircare2	NoHrsdircare2	NoHrsdircare2	NoHrsdircare2	NoHrsdircare2	NoHrsdircare2	NoHrsdircare2
138	KWKPYR2	PRACTICE SITE 2 WKS PER YR	NoWksYear2	NoWksYear2	NoWksYear2	NoWksYear2	NoWksYear2	NoWksYear2	NoWksYear2
139	KPCT1PS2	PRACTICE SITE 2 % SPECIALTY 1	PercentDirPatCare	PercentDirPatCare:	2_1	PercentDirPatCare	PercentDirPatCare	2_1	
140	KPCT2PS2	PRACTICE SITE 2 % SPECIALTY 2	PercentDirPatCare	PercentDirPatCare:	2_2	PercentDirPatCare	PercentDirPatCare	<u></u>	
141	KPCT3PS2	PRACTICE SITE 2 % SPECIALTY 3	PercentDirPatCare	PercentDirPatCare:	2_3	PercentDirPatCare	PercentDirPatCare	2 2_3	
142	KPCTMH2	PRACTICE SITE 2 % MENTAL HEALTH	NEED	NEED		NEED	NEED	_	
		PERCENT OF MEDICAID PATIENTS AT							
143	KPCTMEDICAIDPS		NEED	NEED		NEED	NEED		
		PERCENT OF SLIDING FEE PATIENTS AT							
	KPCTSLIDEFEEPS		NEED	NEED		NEED	NEED		
	DENTHYGPS2	DENTAL HYGIENISTS AT PRACTICE SITE 2	NEED	NEED		NEED	NEED		
146	DENTASSISPS2	DENTAL ASSISTANTS AT PRACTICE SITE 2							
		DENTAL SCALING ASSISTANTS AT PRACTICE							
147	DENTSCALEPS2	SITE 2							
4.40	505114 4500	DENTAL HYGIENIST WITH EXTENDED CARE							
148	ECPLVL1PS2	PERMIT LEVEL 1 PRACTICE SITE 2							
440	E0017/10000	DENTAL HYGIENIST WITH EXTENDED CARE							
	ECPLVL2PS2 NEWPATPS2Y	PERMIT LEVEL 2 PRACTICE SITE 2	NEED	NEED		NEED			
		NEW PATIENTS AT SITE 2 YES NEW PATIENTS AT SITE 2 NO	NEED NEED	NEED NEED		NEED NEED	NEED		
	WAITHRSPS2	WAIT HOURS AT SITE 2 NO	NEED	NEED		NEED	NEED		
	Practice 3	WAIT HOURS AT SITE 2	NLLD	NLLD		INLLU	NLLD		
	KORGPS3	PRACTICE SITE 3 ORGANIZATION NAME	P3NAME	P3NAME	P3NAME	P3NAME	P3NAME	P3NAME	P3NAME
	KLN1PS3	PRACTICE SITE 3 ADDRESS 1	P3ADLNE1	P3ADLNE1	P3ADLNE1	P3ADLNE1	P3ADLNE1	P3ADLNE1	P3ADLNE1
	KLN2PS3	PRACTICE SITE 3 ADDRESS 2	P3ADLNE2	P3ADLNE2	P3ADLNE2	P3ADLNE2	P3ADLNE2	P3ADLNE2	P3ADLNE2
	KPSCITY3	PRACTICE SITE 3 CITY	P3ADCITY	P3ADCITY	P3ADCITY	P3ADCITY	P3ADCITY	P3ADCITY	P3ADCITY
157	KPSSTE3	PRACTICE SITE 3 STATE	P3ADSTE	P3ADSTE	P3ADSTE	P3ADSTE	P3ADSTE	P3ADSTE	P3ADSTE
158		PRACTICE SITE 3 ZIP (5 digit)	P3ADZIPC (5)	P3ADZIPC (5)	P3ADZIPC (5)	P3ADZIPC (5)	P3ADZIPC (5)	P3ADZIPC (5)	P3ADZIPC (5)
		, ,	` '	l '	l '	, ,			` '
1 <u>5</u> 9	KPSZ3_4	PRACTICE SITE 3 ZIP EXTENSION (4 digit)	P3ADZIPC (4)	P3ADZIPC (4)	P3ADZIPC (4)	P3ADZIPC (4)	P3ADZIPC (4)	P3ADZIPC (4)	P3ADZIPC (4)
160	KPSPH3	PRACTICE SITE 3 PHONE	P3ADPHNE	P3ADPHNE	P3ADPHNE	P3ADPHNE	P3ADPHNE	P3ADPHNE	P3ADPHNE
	KPSFAX3	PRACTICE SITE 3 FAX	P3FAX	P3FAX	P3FAX	P3FAX	P3FAX	P3FAX	P3FAX
162	KPS3EMAL	PRACTICE SITE 3 EMAIL ADDRESS	P3EMAIL	P3EMAIL	P3EMAIL	P3EMAIL	P3EMAIL	P3EMAIL	P3EMAIL
163	KPSTYPE3	PRACTICE SITE 3 TYPE	KPSTYPE3	KPSTYPE3	KPSTYPE3	KPSTYPE3	KPSTYPE3	KPSTYPE3	KPSTYPE3
	KPTYOTH3	PRACTICE SITE 3 OTHER	OtherSetting3	OtherSetting3	OtherSetting3	OtherSetting3	OtherSetting3	OtherSetting3	OtherSetting3
	KPATSEE3	PATIENTS SEEN PER WEEK SITE 3	NoPatWeek3	NoPatWeek3	NoPatWeek3	NoPatWeek3	NoPatWeek3	NoPatWeek3	NoPatWeek3
166	KHRSPS3	PRACTICE SITE 3 HOURS	NoHrsdircare3	NoHrsdircare3	NoHrsdircare3	NoHrsdircare3	NoHrsdircare3	NoHrsdircare3	NoHrsdircare3

	Minimum Dataset								
Number	Variable Name	Minimum Dataset Descriptions	Board of Healing Arts						
	License			DOs	Podiatrists	Institutional	Physician Assistants	Respiratory Therapists	Radiologic Technologists
167	KWKPYR3	PRACTICE SITE 3 WKS PER YR			NoWksYear3		NoWksYear3	NoWksYear3	NoWksYear3
168	KPCT1PS3	PRACTICE SITE 3 % SPECIALTY 1	PercentDirPatCare:	PercentDirPatCare:	PercentDirPatCare:	PercentDirPatCare	PercentDirPatCare:	3_1	
169	KPCT2PS3	PRACTICE SITE 3 % SPECIALTY 2	PercentDirPatCare:	PercentDirPatCare:	PercentDirPatCare:	PercentDirPatCare	PercentDirPatCare:	3_2	
170	KPCT3PS3	PRACTICE SITE 3 % SPECIALTY 3	PercentDirPatCare:	PercentDirPatCare:	PercentDirPatCare:	PercentDirPatCare	PercentDirPatCare	3_3	
171	KPCTMH3	PRACTICE SITE 3 % MENTAL HEALTH	NEED	NEED	NEED	NEED	NEED		
172	KPCTMEDICAIDPS	PERCENT OF MEDICAID PATIENTS AT PRACTICE SITE 3	NEED	NEED	NEED	NEED	NEED		
	KPCTSLIDEFEEPS		NEED	NEED	NEED	NEED	NEED		
	DENTHYGPS3	DENTAL HYGIENISTS AT PRACTICE SITE 3	NEED	NEED		NEED	NEED		
175	DENTASSISPS3	DENTAL ASSISTANTS AT PRACTICE SITE 3							
176	DENTSCALEPS3								
177	ECPLVL1PS3	DENTAL HYGIENIST WITH EXTENDED CARE PERMIT LEVEL 1 PRACTICE SITE 3							
178	ECPLVL2PS3	DENTAL HYGIENIST WITH EXTENDED CARE PERMIT LEVEL 2 PRACTICE SITE 3							
179	NEWPATPS3Y	NEW PATIENTS AT SITE 3 YES	NEED	NEED		NEED			
180	NEWPATPS3N	NEW PATIENTS AT SITE 3 NO	NEED	NEED		NEED	NEED		
181	WAITHRSPS3	WAIT HOURS AT SITE 3	NEED	NEED	NEED	NEED	NEED		
	Practice Other								
182	KADDPS		OKNMADPRST	OKNMADPRST	OKNMADPRST	OKNMADPRST	OKNMADPRST	OKNMADPRST	OKNMADPRST
183	KADDHRS	HRS IN ADD PRACTICE SITES	OKOTHDPCHR	OKOTHDPCHR	OKOTHDPCHR	OKOTHDPCHR	OKOTHDPCHR	OKOTHDPCHR	OKOTHDPCHR

Vairable	Minimum Dataset									
Number	Variable Name	Minimum Dataset Descriptions						Social Work	Social Work	Social Work
				Naturopath with		Student Respiratory				
	License		Naturopaths	Accupuncture	Limited License	Therapist	MD Post Graduate	LASW	LBSW	LMSW
		FEDERAL PROVIDER ID NUMBER (IF								
1	FEDPROID	APPLICABLE)(FROM KDHE-HOC SURVEY	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
2	PFLICN	LICENSE NUMBER	PFLICN	PFLICN	PFLICN	PFLICN	PFLICN	LicNum	LicNum	LicNum
3	PFLICS	LICENSE STATUS	TYPE		TYPE	TYPE	TYPE			
4	PFOLDT	ORIG LICENSE DATE	PFOLDT		PFOLDT	PFOLDT	PFOLDT	LicIssueDate	LicIssueDate	LicIssueDate
5	PFEXDT	LICENSE EXPIR DATE	PFEXDT		PFEXDT	PFEXDT	PFEXDT	LicExpDate	LicExpDate	LicExpDate
6	PFLSTR	LAST RENEWAL DATE	PFLSTR	PFLSTR	PFLSTR	PFLSTR	PFLSTR	LicRenewDate	LicRenewDate	LicRenewDate
7	KLICMETH	LICENSE METHOD (NURSING ONLY)								
8	PFLICTYP	(LICENSE TYPE)	PFLICN	PFLICN	PFLICN	PFLICN	PFLICN	LicType	LicType	LicType
	Demographics									
9	PFDTOB	DATE OF BIRTH	PFDTOB		PFDTOB	PFDTOB	PFDTOB	DOB	DOB	DOB
10		PLACE OF BIRTH	PFPLOB		PFPLOB	PFPLOB	PFPLOB			
11	_	GENDER	Gender		Gender	Gender	Gender	Gender	Gender	Gender
12	KLNGENG	LANG ENGLISH	EnglishLang	EnglishLang	EnglishLang	EnglishLang	EnglishLang	KLNGENG	KLNGENG	KLNGENG
13	KLNGSPN	LANG SPANISH	SpanishLang	SpanishLang	SpanishLang	SpanishLang	SpanishLang	KLNGSPN	KLNGSPN	KLNGSPN
14	KLNGCHIN	LANG CHINESE	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
15		LANG FRENCH	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
16	KLNGGERM	LANG GERMAN	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
17		LANG TAGALOG	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
18		LANG VIETNAMESE	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
19		LANG ARABIC	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
20		LANG HINDI	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
21	KLNGPILI	LANG PILIPINO	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
22		LANG URDU	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
23	KLNGSIGN	LANG SIGN	SignLang	SignLang	SignLang	SignLang	SignLang	KLNGSIGN	KLNGSIGN	KLNGSIGN
24	KLNGOTH	LANG OTHER	OtherLang	OtherLang	OtherLang	OtherLang	OtherLang	KLNGOTH	KLNGOTH	KLNGOTH
25	KLNGSPC	LANG SPECIFY	OtherLangSpecify	OtherLangSpec	OtherLangSpecify	OtherLangSpecify	OtherLangSpecify	KLNGSPC	KLNGSPC	KLNGSPC
26		RACE WHITE	Race	Race	Race	Race	Race	KRACEW	KRACEW	KRACEW
27		RACE BLACK OR AFRICAN AMERICAN	Race	Race	Race	Race	Race	KRACEB	KRACEB	KRACEB
28		RACE AMERICAN INDIAN OR ALASKA NATIVE		Race	Race	Race	Race	KRACEN	KRACEN	KRACEN
29		RACE ASIAN	Race		Race	Race	Race	NEED (omb15)	NEED (omb15)	NEED (omb15)
	THU TO ET	RACE NATIVE HAWAIIAN OR OTHER PACIFIC	rtaco	rtuoo	Nuov	11400	11400	NEED (GIID 10)	NEED (OND 10)	NEED (GIID 10)
30	KRACEHPI	ISLANDER	Race	Race	Race	Race	Race	NEED (omb15)	NEED (omb15)	NEED (omb15)
31		ETHNICITY HISPANIC OR LATINO	OKHISPAN		OKHISPAN	OKHISPAN	OKHISPAN	KHISPAN	KHISPAN	KHISPAN
32		ETHNICITY NOT HISPANIC OR LATINO	OKHISPAN		OKHISPAN	OKHISPAN	OKHISPAN	KHISPAN	KHISPAN	KHISPAN
33		RACE OTHER	OtherRace	OtherRace	OtherRace	OtherRace	OtherRace	KRACEO	KRACEO	KRACEO
				VIIIEINALE						
34		RACE SPECIFY US RESIDENT OR CITIZEN (Y)	NEED	NEED	NEED	NEED	NEED DormUSCit	KRACSPC KPERMUS	KRACSPC	KRACSPC
35		US RESIDENT OR CITIZEN (Y)					PermUSCit		KPERMUS	KPERMUS
36		` '	NEED	NEED	NEED	NEED	PermUSCit	KPERMUS	KPERMUS	KPERMUS
37	RETIREY	RETIRING IN THE NEXT TWO YEARS YES	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED

Vairable	Minimum Dataset									
Number	Variable Name	Minimum Dataset Descriptions						Social Work	Social Work	Social Work
IVUITIBEI	II variable Ivallic	Millimum Dataset Descriptions		Naturopath with		Student Respiratory		Oociai Work	Oociai Work	Oocial Work
	License		Naturopaths	Accupuncture	Limited License	Therapist	MD Post Graduate	LASW	LBSW	LMSW
38	RETIREN	RETIRING IN THE NEXT TWO YEARS NO	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
		ARE YOU ACTIVELY RECRUTING A DENTIST								
39		TO JOIN YOUR PRACTICE								
		IF YES, HOW LONG HAVE YOU BEEN								
40		LOOKING FOR A DENTIST TO JOIN YOUR								
41		IS YOUR PRACTICE CURRENTLY FOR SALE								
		ARE YOU CURRENTLY RECRUITING FOR A								
42		DENTAL HYGIENIST								
		ARE YOU CURRENTLY SEEKING								
43		EMPLOYMENT AS A DENTIST (FULL OR PART								
4.4		IF YES, HOW LONG HAVE YOU BEEN								
44	Dorgon	LOOKING FOR EMPLOYMENT AS A DENTIST?								
45	Person PFNMEF	FIRST NAME	PFNMEF	PFNMEF	PFNMEF	PFNMEF	PFNMEF	FirstName	FirstName	FirstName
46		MIDDLE INITIAL	PFNMEI	PFNMEI	PFNMEI	PFNMEI	PFNMEI	MiddleName	MiddleName	MiddleName
47		LAST NAME	PFNMEL	PFNMEL	PFNMEL	PFNMEL	PFNMEL	LastName	LastName	LastName
48	U	NAME SUFFIX		T T T T T T T T T T T T T T T T T T T	T T T T T T T T T T T T T T T T T T T	T T T T T T T T T T T T T T T T T T T	T T T T T T T T T T T T T T T T T T T	Lactivanio	Lactivatio	Lactivanio
49	K	PROFESSIONAL DESIGNATION						LicType	LicType	LicType
	Residents								,,,,,	
							RESIDENCE			
50	KRESPGMN	RESIDENCE PROGRAM NO (X)					PROGRAM NO (X)			
							RESIDENCE			
51	KRESPGMY	RESIDENCE PROGRAM YES (X)					PROGRAM YES (X)			
							RESIDENCE			
52		RESIDENCE INSTITUTION					INSTITUTION			
53		RESIDENCE CITY					RESIDENCE CITY			
54		RESIDENCE STATE					RESIDENCE STATE			
55	KRESZIP	RESIDENCE ZIP (5 digit)					RESIDENCE ZIP			
	WDE07 4	DECIDENCE ZID EVTENSION (4 " ")					RESIDENCE ZIP			
56 57		RESIDENCE ZIP EXTENSION (4 digit)					EXTENSION COUNTY			
57	!!	RESIDENCE COUNTY					RESIDENCE COUNTY			
50	Specialty KSC1	SPECIALIZATION CODE 1					PFSPEC			
59	<u> </u>	SPECIALIZATION CODE 2					PFSPEC			+
60	II .	SPECIALIZATION CODE 3					PFSPEC			
61	H	SPECIALIZATION CODE 3					SPEC1			1
62		SPECIALIZATION NAME 2					SPEC2			
63		SPECIALIZATION NAME 2 SPECIALIZATION NAME 3					SPEC2			+
		OTHER SPECIALIZATION NAME 1								
64 65							NEED		-	
66		OTHER SPECIALIZATION NAME 2 OTHER SPECIALIZATION NAME 3					NEED NEED			+
00	Note COIDS	OTHER SPECIALIZATION NAIVIE 3					NEED			

Vairable	Minimum Dataset									
Number	Variable Name	Minimum Dataset Descriptions						Social Work	Social Work	Social Work
10.11.201	T Carragio T Carrio	The state of the s		Naturopath with		Student Respiratory		Coolai Troin	Coolai TTOIN	Coolai Troix
	License		Naturopaths	Accupuncture	Limited License	Therapist	MD Post Graduate	LASW	LBSW	LMSW
67		BOARD CERTIFIED SPEC 1 NO (X)	The state of the s							
68	KBC1Y	BOARD CERTIFIED SPEC 1 YES (X)								
69	KBC2N	BOARD CERTIFIED SPEC 2 NO (X)								
70	KBC2Y	BOARD CERTIFIED SPEC 2 YES (X)								
71		BOARD CERTIFIED SPEC 3 NO (X)								
		BOARD CERTIFIED SPEC 3 YES (X)								
	Education	BOTHE GETTINIED OF EGG TEG (A)								
	PFSCHM	SCHOOL DESCRIPTION (NAME)	PFSCHM	PFSCHM	PFSCHM	PFSCHM	PFSCHM			
74	PFSCHOOL	SCHOOL CODE	SCHOOLCODE	SCHOOLCODE	SCHOOLCODE	SCHOOLCODE	SCHOOLCODE	FirstOfCollege	FirstOfCollege	FirstOfCollege
75	DEGREE	COLLEGE DEGREE	SCHOOLCODE	SCHOOLCODE	SCHOOLCODE	SCHOOLCODE	SCHOOLCODE	FirstOfDegree	FirstOfDegree	FirstOfDegree
75 76		DEGREE DATE	PFDEGD	PFDEGD	PFDEGD	PFDEGD	PFDEGD	FilstOlDegree	FilstOlDegree	FirstOiDegree
77	EDLEVELH	EDUCATION LEVEL-HIGHEST	PFDEGD	PFDEGD	FFDEGD	FFDEGD	PFDEGD			
- ' '		GRADUATE OF AN INTERNATIONAL SCHOOL								
78	ISCHOOLY	(YES)	OKFSGRAD	OKFSGRAD	OKFSGRAD	OKFSGRAD	OKFSGRAD	KFSGRAD	KFSGRAD	KFSGRAD
70	IOOHOOLI	GRADUATE OF AN INTERNATIONAL SCHOOL	OILI OOILAD	OKI OOKAD	OILI OOILAD	OTT GOTTAB	OIG COIGAD	I OOI VAD	IN OOIVAD	IN OOKAD
79	ISCHOOLN	(NO)	OKFSGRAD	OKFSGRAD	OKFSGRAD	OKFSGRAD	OKFSGRAD	KFSGRAD	KFSGRAD	KFSGRAD
13	Mailing	(110)	OILI GOILAD	OKI OOKAD	OILI OOILAD	ORI GORAD	OILI OOILAD	IN SOIVAD	IN SOIVAD	KI SOKAD
80	ADRESP	MAIL ADD TYPE (PROF OR HOME)	ADRESD	ADRESD	ADRESD	ADRESD	ADRESD	NEED	NEED	NEED
81	ADORG	MAIL ORGANIZATION NAME	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
82	ADLNE1	MAIL ADDRESS 1	ADLNE1	ADLNE1	ADLNE1	ADLNE1	ADLNE1	Address1	Address1	Address1
83	ADLNE2	MAIL ADDRESS 1	ADLNE2	ADLNE1	ADLNE2	ADLNE2	ADLNE2	NEED	NEED	NEED
84	ADCITY	MAIL CITY	ADCITY	ADCITY	ADCITY	ADCITY	ADCITY	City	City	City
85	ADSTE	MAIL STATE	ADSTE	ADSTE	ADSTE	ADSTE	ADSTE	State	State	State
86	ADZIPC	MAIL ZIPCODE (5 digit)	ADZIPC (5)	ADZIPC (5)	ADZIPC (5)	ADZIPC (5)	ADZIPC (5)	Zip (5)	Zip (5)	Zip (5)
87	ADZIPC 4	MAIL ZIPCODE (5 digit) MAIL ZIPCODE (4 digit)	ADZIPC (5)	ADZIPC (5) ADZIPC (4)	ADZIPC (5)	ADZIPC (5) ADZIPC (4)	ADZIPC (5) ADZIPC (4)	Zip (5) Zip (4)	Zip (5) Zip (4)	Zip (5) Zip (4)
88	ADPHNE	MAIL PHONE	ADPHNE	ADZIFC (4) ADPHNE	ADPHNE	ADPHNE	ADZIPC (4) ADPHNE	NEED	NEED	NEED
00		WALLTHONE	ADFIINL	ADFIINL	ADFIINL	ADFIINE	ADFIINL	NLLD	INLLD	NLLD
89	Practice General KDPCAREY	KANSAS DIRECT PATIENT CARE (Y)	KDPCAREY	KDPCAREY	KDPCAREY	KDPCAREY	KDPCAREY	NEED	NEED	NEED
			KDPCARET			KDPCAREN		NEED	NEED	
90	NUPCAKEN	KANSAS DIRECT PATIENT CARE (N)	NUPCAKEN	KDPCAREN	KDPCAREN	KUPCAKEN	KDPCAREN	NEED	NEED	NEED
91	ADMINHRS	HOURS IN ADMINISTRATION IN A TYPICAL WEEK	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
91	RESEAHRS	HOURS IN RESEARCH IN A TYPICAL WEEK	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
92	TEACHHRS	HOURS IN TEACHING IN A TYPICAL WEEK	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
93		HOURS IN OTHER IN A TYPICAL WEEK	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
94		HOURS IN OTHER IN A TTFICAL WEEK	INLLU	INCEL	INLED	INCEU	INLED	INCED	INCED	INCED
95	Practice 1 KORGPS1	PRACTICE SITE 1 ORGANIZATION NAME	P1NAME	P1NAME	P1NAME	P1NAME	P1NAME	KLN1PS	KLN1PS	KLN1PS
			P1ADLNE1	P1ADLNE1				KLN2PS	KLN2PS	
96 97	KLN1PS1 KLN2PS1	PRACTICE SITE 1 ADDRESS 1			P1ADLNE1	P1ADLNE1	P1ADLNE1	NEED	NEED	KLN2PS NEED
		PRACTICE SITE 1 CITY	P1ADLNE2 P1ADCITY	P1ADLNE2	P1ADLNE2 P1ADCITY	P1ADLNE2	P1ADLNE2			
98	KPSCITY1 KPSSTE1	PRACTICE SITE 1 STATE		P1ADCITY	_	P1ADCITY P1ADSTE	P1ADCITY P1ADSTE	KPSCITY	KPSCITY	KPSCITY KPSSTATE
99		PRACTICE SITE 1 STATE	P1ADSTE	P1ADSTE	P1ADSTE			KPSSTATE	KPSSTATE	
100	KPSZIP1	PRACTICE SITE 1 ZIP (5 digit)	P1ADZIPC (5)	P1ADZIPC (5)	P1ADZIPC (5)	P1ADZIPC (5)	P1ADZIPC (5)	KPSZIP (5)	KPSZIP (5)	KPSZIP (5)

Vairable	Minimum Dataset									
Number		Minimum Dataset Descriptions						Social Work	Social Work	Social Work
TTGITIDE!	Variable Harrie	William Bataget Begenptions		Naturopath with		Student Respiratory		COCIAI WOIK	Coolai Work	COCIAI WOIK
ı	License		Naturopaths	Accupuncture	Limited License	Therapist	MD Post Graduate	LASW	LBSW	LMSW
	KPSZ1 4	PRACTICE SITE 1 ZIP EXTENSION (4 digit)	P1ADZIPC (4)	P1ADZIPC (4)	P1ADZIPC (4)	P1ADZIPC (4)	P1ADZIPC (4)	KPSZIP (4)	KPSZIP (4)	KPSZIP (4)
	KPSPH1	PRACTICE SITE 1 PHONE	P1ADPHNE	P1ADPHNE	P1ADPHNE	P1ADPHNE	P1ADPHNE	KPSPH	KPSPH	KPSPH
103	KPSFAX1	PRACTICE SITE 1 FAX	P1FAX	P1FAX	P1FAX	P1FAX	P1FAX	KPSFAX	KPSFAX	KPSFAX
	KPS1EMAL	PRACTICE SITE 1 EMAIL ADDRESS	P1EMAIL	P1EMAIL	P1EMAIL	P1EMAIL	P1EMAIL	NEED	NEED	NEED
	KPSTYPE1	PRACTICE SITE 1 TYPE	KPSTYPE1	KPSTYPE1	KPSTYPE1	KPSTYPE1	KPSTYPE1	KPSTYPE	KPSTYPE	KPSTYPE
	KPTYOTH1	PRACTICE SITE 1 OTHER	OtherSetting1		OtherSetting1	OtherSetting1	OtherSetting1	KPSTYOTH	KPSTYOTH	KPSTYOTH
107	KPATSEE1	PATIENTS SEEN PER WEEK SITE 1	NoPatWeek1	NoPatWeek1	NoPatWeek1	NoPatWeek1	NoPatWeek1	KPATYSEE	KPATYSEE	KPATYSEE
108	KHRSPS1	PRACTICE SITE 1 HOURS	NoHrsdircare1	NoHrsdircare1	NoHrsdircare1	NoHrsdircare1	NoHrsdircare1	KHRSPS	KHRSPS	KHRSPS
109	KWKPYR1	PRACTICE SITE 1 WKS PER YR	NoWksYear1	NoWksYear1	NoWksYear1	NoWksYear1	NoWksYear1	WKSYR1	WKSYR1	WKSYR1
	KPCT1PS1	PRACTICE SITE 1 % SPECIALTY 1					PercentDirPatCare*			
	KPCT2PS1	PRACTICE SITE 1 % SPECIALTY 2					PercentDirPatCare*	_		
	KPCT3PS1	PRACTICE SITE 1 % SPECIALTY 3					PercentDirPatCare*			
	KPCTMH1	PRACTICE SITE 1 % MENTAL HEALTH					NEED	KPCTMH1	KPCTMH1	KPCTMH1
		PERCENT OF MEDICAID PATIENTS AT								
114	KPCTMEDICAIDPS	PRACTICE SITE 1					NEED	NEED	NEED	NEED
		PERCENT OF SLIDING FEE PATIENTS AT								
115	KPCTSLIDEFEEPS	PRACTICE SITE 1					NEED	NEED	NEED	NEED
116		DENTAL HYGIENISTS AT PRACTICE SITE 1					NEED			
117		DENTAL ASSISTANTS AT PRACTICE SITE 1								
		DENTAL SCALING ASSISTANTS AT PRACTICE								
118		SITE 1								
		DENTAL HYGIENIST WITH EXTENDED CARE								
119	ECPLVL1PS1	PERMIT LEVEL 1 PRACTICE SITE 1								
		DENTAL HYGIENIST WITH EXTENDED CARE								
		PERMIT LEVEL 2 PRACTICE SITE 1					NEED	NEED	NEED	NEED
121		NEW PATIENTS AT SITE 1 YES					NEED	NEED NFFD	NEED	NEED
122 123		NEW PATIENTS AT SITE 1 NO WAIT HOURS AT SITE 1					NEED NEED	NEED NEED	NEED NEED	NEED NEED
	Practice 2	WALL HOURS AT SILL I					INCLU	NLLD	NLLD	INLLU
	KORGPS2	PRACTICE SITE 2 ORGANIZATION NAME	P2NAME	P2NAME	P2NAME	P2NAME	P2NAME	KLN1PS01	KLN1PS01	KLN1PS01
125	KLN1PS2	PRACTICE SITE 2 ADDRESS 1	P2ADLNE1	P2ADLNE1	P2ADLNE1	P2ADLNE1	P2ADLNE1	KLN2PS01	KLN2PS01	KLN2PS01
126	KLN2PS2	PRACTICE SITE 2 ADDRESS 1 PRACTICE SITE 2 ADDRESS 2	P2ADLNE2	P2ADLNE1	P2ADLNE1	P2ADLNE1 P2ADLNE2	P2ADLNE1	NFFD	NEED	NEED
	KPSCITY2	PRACTICE SITE 2 CITY	P2ADCITY	P2ADCITY	P2ADCITY	P2ADCITY	P2ADCITY	KPSCITY01	KPSCITY01	KPSCITY01
128	KPSSTE2	PRACTICE SITE 2 STATE	P2ADSTE	P2ADSTE	P2ADSTE	P2ADSTE	P2ADSTE	KPSSTATE01	KPSSTATE01	KPSSTATE01
	KPSZIP2	PRACTICE SITE 2 ZIP (5 digit)	P2ADZIPC (5)	P2ADZIPC (5)	P2ADZIPC (5)	P2ADZIPC (5)	P2ADZIPC (5)	KPSZIP01 (5)	KPSZIP01 (5)	KPSZIP01 (5)
		(- (-/	- (-/	- (-/	- (-)	- (-/	(-)	(-)	(-)
130	KPSZ2 4	PRACTICE SITE 2 ZIP EXTENSION (4 digit)	P2ADZIPC (4)	P2ADZIPC (4)	P2ADZIPC (4)	P2ADZIPC (4)	P2ADZIPC (4)	KPSZIP01 (4)	KPSZIP01 (4)	KPSZIP01 (4)
	KPSPH2	PRACTICE SITE 2 PHONE	P2ADPHNE	P2ADPHNE	P2ADPHNE	P2ADPHNE	P2ADPHNE	KPSPH01	KPSPH01	KPSPH01
132	KPSFAX2	PRACTICE SITE 2 FAX	P2FAX	P2FAX	P2FAX	P2FAX	P2FAX	KPSFAX01	KPSFAX01	KPSFAX01
133	KPS2EMAL	PRACTICE SITE 2 EMAIL ADDRESS	P2EMAIL	P2EMAIL	P2EMAIL	P2EMAIL	P2EMAIL	NEED	NEED	NEED

Vairable	Minimum Dataset									
Number	Variable Name	Minimum Dataset Descriptions						Social Work	Social Work	Social Work
				Naturopath with		Student Respiratory				
	License		Naturopaths	Accupuncture	Limited License	Therapist	MD Post Graduate	LASW	LBSW	LMSW
134	KPSTYPE2	PRACTICE SITE 2 TYPE	KPSTYPE2	KPSTYPE2	KPSTYPE2	KPSTYPE2	KPSTYPE2	KPSTYPE01	KPSTYPE01	KPSTYPE01
135		PRACTICE SITE 2 OTHER	OtherSetting2		OtherSetting2	OtherSetting2	OtherSetting2	KPSTYOTH01	KPSTYOTH01	KPSTYOTH01
136		PATIENTS SEEN PER WEEK SITE 2	NoPatWeek2		NoPatWeek2	NoPatWeek2	NoPatWeek2	KPATYSEE01	KPATYSEE01	KPATYSEE01
137	KHRSPS2	PRACTICE SITE 2 HOURS	NoHrsdircare2	NoHrsdircare2	NoHrsdircare2	NoHrsdircare2	NoHrsdircare2	KHRSPS01	KHRSPS01	KHRSPS01
138	KWKPYR2	PRACTICE SITE 2 WKS PER YR	NoWksYear2	NoWksYear2	NoWksYear2	NoWksYear2	NoWksYear2	WKSYR2	WKSYR2	WKSYR2
139	KPCT1PS2	PRACTICE SITE 2 % SPECIALTY 1					PercentDirPatCare	2_1		
140	KPCT2PS2	PRACTICE SITE 2 % SPECIALTY 2					PercentDirPatCare	2 2		
141		PRACTICE SITE 2 % SPECIALTY 3					PercentDirPatCare			
142		PRACTICE SITE 2 % MENTAL HEALTH					NEED	KPCTMH2	KPCTMH2	KPCTMH2
		PERCENT OF MEDICAID PATIENTS AT						5	1 0 1111112	
143		PRACTICE SITE 2					NEED	NEED	NEED	NEED
		PERCENT OF SLIDING FEE PATIENTS AT								
144		PRACTICE SITE 2					NEED	NEED	NEED	NEED
145		DENTAL HYGIENISTS AT PRACTICE SITE 2					NEED			
146		DENTAL ASSISTANTS AT PRACTICE SITE 2								
		DENTAL SCALING ASSISTANTS AT PRACTICE								
147		SITE 2								
		DENTAL HYGIENIST WITH EXTENDED CARE								
148		PERMIT LEVEL 1 PRACTICE SITE 2								
		DENTAL HYGIENIST WITH EXTENDED CARE								
149	ECPLVL2PS2	PERMIT LEVEL 2 PRACTICE SITE 2								
150	NEWPATPS2Y	NEW PATIENTS AT SITE 2 YES						NEED	NEED	NEED
151	NEWPATPS2N	NEW PATIENTS AT SITE 2 NO					NEED	NEED	NEED	NEED
152	WAITHRSPS2	WAIT HOURS AT SITE 2					NEED	NEED	NEED	NEED
	Practice 3									
153	KORGPS3	PRACTICE SITE 3 ORGANIZATION NAME	P3NAME	P3NAME	P3NAME	P3NAME	P3NAME	KLN1PS02	KLN1PS02	KLN1PS02
154	KLN1PS3	PRACTICE SITE 3 ADDRESS 1	P3ADLNE1	P3ADLNE1	P3ADLNE1	P3ADLNE1	P3ADLNE1	KLN2PS02	KLN2PS02	KLN2PS02
155		PRACTICE SITE 3 ADDRESS 2	P3ADLNE2		P3ADLNE2	P3ADLNE2	P3ADLNE2	NEED	NEED	NEED
156		PRACTICE SITE 3 CITY	P3ADCITY		P3ADCITY	P3ADCITY	P3ADCITY	KPSCITY02	KPSCITY02	KPSCITY02
157	KPSSTE3	PRACTICE SITE 3 STATE	P3ADSTE		P3ADSTE	P3ADSTE	P3ADSTE	KPSSTATE02	KPSSTATE02	KPSSTATE02
158	KPSZIP3	PRACTICE SITE 3 ZIP (5 digit)	P3ADZIPC (5)	P3ADZIPC (5)	P3ADZIPC (5)	P3ADZIPC (5)	P3ADZIPC (5)	KPSZIP02 (5)	KPSZIP02 (5)	KPSZIP02 (5)
159		PRACTICE SITE 3 ZIP EXTENSION (4 digit)	P3ADZIPC (4)	P3ADZIPC (4)	P3ADZIPC (4)	P3ADZIPC (4)	P3ADZIPC (4)	KPSZIP02 (4)	KPSZIP02 (4)	KPSZIP02 (4)
160		PRACTICE SITE 3 PHONE	P3ADPHNE		P3ADPHNE	P3ADPHNE	P3ADPHNE	KPSPH02	KPSPH02	KPSPH02
161		PRACTICE SITE 3 FAX	P3FAX	P3FAX	P3FAX	P3FAX	P3FAX	KPSFAX02	KPSFAX02	KPSFAX02
162		PRACTICE SITE 3 EMAIL ADDRESS	P3EMAIL	P3EMAIL	P3EMAIL	P3EMAIL	P3EMAIL	NEED	NEED	NEED
163	KPSTYPE3	PRACTICE SITE 3 TYPE	KPSTYPE3	KPSTYPE3	KPSTYPE3	KPSTYPE3	KPSTYPE3	KPSTYPE02	KPSTYPE02	KPSTYPE02
164		PRACTICE SITE 3 OTHER	OtherSetting3	OtherSetting3	OtherSetting3	OtherSetting3	OtherSetting3	KPSTYOTH02	KPSTYOTH02	KPSTYOTH02
165	KPATSEE3	PATIENTS SEEN PER WEEK SITE 3	NoPatWeek3	NoPatWeek3	NoPatWeek3	NoPatWeek3	NoPatWeek3	KPATYSEE02	KPATYSEE02	KPATYSEE02
166		PRACTICE SITE 3 HOURS	NoHrsdircare3	NoHrsdircare3	NoHrsdircare3	NoHrsdircare3	NoHrsdircare3	KHRSPS02	KHRSPS02	KHRSPS02

Vairable	Minimum Dataset									
Number	Variable Name	Minimum Dataset Descriptions						Social Work	Social Work	Social Work
				Naturopath with		Student Respiratory				
	License		Naturopaths		Limited License	Therapist	MD Post Graduate	LASW	LBSW	LMSW
	KWKPYR3	PRACTICE SITE 3 WKS PER YR	NoWksYear3	NoWksYear3	NoWksYear3	NoWksYear3	NoWksYear3	WKSYR2	WKSYR2	WKSYR2
168	KPCT1PS3	PRACTICE SITE 3 % SPECIALTY 1					PercentDirPatCare	3_1		
169	KPCT2PS3	PRACTICE SITE 3 % SPECIALTY 2					PercentDirPatCare	3_2		
170	KPCT3PS3	PRACTICE SITE 3 % SPECIALTY 3					PercentDirPatCare	3_3		
171	KPCTMH3	PRACTICE SITE 3 % MENTAL HEALTH					NEED	KPCTMH3	KPCTMH3	KPCTMH3
		PERCENT OF MEDICAID PATIENTS AT								
172	KPCTMEDICAIDPS	PRACTICE SITE 3					NEED	NEED	NEED	NEED
		PERCENT OF SLIDING FEE PATIENTS AT								
	KPCTSLIDEFEEPS	PRACTICE SITE 3					NEED	NEED	NEED	NEED
174		DENTAL HYGIENISTS AT PRACTICE SITE 3					NEED			
175		DENTAL ASSISTANTS AT PRACTICE SITE 3								
		DENTAL SCALING ASSISTANTS AT PRACTICE								
176		SITE 3								
		DENTAL HYGIENIST WITH EXTENDED CARE								
177		PERMIT LEVEL 1 PRACTICE SITE 3								
		DENTAL HYGIENIST WITH EXTENDED CARE								
		PERMIT LEVEL 2 PRACTICE SITE 3								
		NEW PATIENTS AT SITE 3 YES						NEED	NEED	NEED
		NEW PATIENTS AT SITE 3 NO					NEED	NEED	NEED	NEED
		WAIT HOURS AT SITE 3					NEED	NEED	NEED	NEED
	Practice Other									
	KADDPS			OKNMADPRST		OKNMADPRST	OKNMADPRST	KNMADPRST	KNMADPRST	KNMADPRST
183	KADDHRS	HRS IN ADD PRACTICE SITES	OKOTHDPCHR	OKOTHDPCHR	OKOTHDPCHR	OKOTHDPCHR	OKOTHDPCHR	KOTHDPCHRS	KOTHDPCHRS	KOTHDPCHRS

Vairable	Minimum Dataset											
Number	Variable Name	Minimum Dataset Descriptions	Social Work	Marr & Fam	Marr & Fam	PSY MA	PSY	COUNSELOR	COUNSELOR	COUNSELOR		
	•											
	License		LSCSW	LCMFT	LMFT	LMLP	LP	LCP	LCPC	LPC	Dentist	Hygienist
		FEDERAL PROVIDER ID NUMBER (IF										
1	FEDPROID	APPLICABLE)(FROM KDHE-HOC SURVEY	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
2	PFLICN	LICENSE NUMBER	LicNum	LicNum	LicNum	LicNum	LicNum	LicNum	LicNum	LicNum	LICENSENUM	LICENSENUM
3	PFLICS	LICENSE STATUS									STATUS	STATUS
4	PFOLDT	ORIG LICENSE DATE	LicIssueDate	LicIssueDate	LicIssueDate	LicIssueDate	LicIssueDate	LicIssueDate	LicIssueDate	LicIssueDate	DATEOFLICE	DATEOFLICE
5	PFEXDT	LICENSE EXPIR DATE	LicExpDate	LicExpDate	LicExpDate	LicExpDate	LicExpDate	LicExpDate	LicExpDate	LicExpDate	(NEED	(NEED
6	PFLSTR	LAST RENEWAL DATE	LicRenewDate	LicRenewDate	LicRenewDate	LicRenewDate	LicRenewDate	LicRenewDate	LicRenewDate	LicRenewDate	RENEWDATE	RENEWDATE
7	KLICMETH	LICENSE METHOD (NURSING ONLY)										
8	PFLICTYP	(LICENSE TYPE)	LicType	LicType	LicType	LicType	LicType	LicType	LicType	LicType	PRACTICETY	PRACTICETY
	Demographics											
	PFDTOB	DATE OF BIRTH	DOB	DOB	DOB	DOB	DOB	DOB	DOB	DOB	BIRTHDATE	BIRTHDATE
10	PFPLOB	PLACE OF BIRTH										
11	KSEX	GENDER	Gender	Gender	Gender	Gender	Gender	Gender	Gender	Gender	GENDER	GENDER
12	KLNGENG	LANG ENGLISH	KLNGENG	KLNGENG	KLNGENG	KLNGENG	KLNGENG	KLNGENG	KLNGENG	KLNGENG	NEED	NEED
13	KLNGSPN	LANG SPANISH	KLNGSPN	KLNGSPN	KLNGSPN	KLNGSPN	KLNGSPN	KLNGSPN	KLNGSPN	KLNGSPN	NEED	NEED
14	KLNGCHIN	LANG CHINESE	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
15	KLNGFREN	LANG FRENCH	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
16	KLNGGERM	LANG GERMAN	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
17	KLNGTAGA	LANG TAGALOG	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
	KLNGVIET	LANG VIETNAMESE	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
19	KLNGARAB	LANG ARABIC	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
20	KLNGHIND	LANG HINDI	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
21	KLNGPILI	LANG PILIPINO	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
22	K	LANG URDU	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
23	KLNGSIGN	LANG SIGN	KLNGSIGN	KLNGSIGN	KLNGSIGN	KLNGSIGN	KLNGSIGN	KLNGSIGN	KLNGSIGN	KLNGSIGN	NEED	NEED
24	KLNGOTH	LANG OTHER	KLNGOTH	KLNGOTH	KLNGOTH	KLNGOTH	KLNGOTH	KLNGOTH	KLNGOTH	KLNGOTH	NEED	NEED
	KLNGSPC	LANG SPECIFY	KLNGSPC	KLNGSPC	KLNGSPC	KLNGSPC	KLNGSPC	KLNGSPC	KLNGSPC	KLNGSPC	NEED	NEED
	KRACEW	RACE WHITE	KRACEW	KRACEW	KRACEW	KRACEW	KRACEW	KRACEW	KRACEW	KRACEW	NEED	NEED
	KRACEB	RACE BLACK OR AFRICAN AMERICAN	KRACEB	KRACEB	KRACEB	KRACEB	KRACEB	KRACEB	KRACEB	KRACEB	NEED	NEED
	KRACEN	RACE AMERICAN INDIAN OR ALASKA NATIVE		KRACEN	NEED	NEED						
29	<u> </u>	RACE ASIAN	NEED (omb15)	NEED (omb15)	NEED (omb15)	NEED (omb15)	NEED (omb15)	NEED (omb15)	NEED (omb15)	NEED (omb15)	NEED	NEED
29	INAOLA	RACE NATIVE HAWAIIAN OR OTHER PACIFIC	TALLE (OHID 10)	TALLE (OITID 13)	14220	IALLD						
30	KRACEHPI	ISLANDER	NEED (omb15)	NEED (omb15)	NEED (omb15)	NEED (omb15)	NEED (omb15)	NEED (omb15)	NEED (omb15)	NEED (omb15)	NEED	NEED
	KHISPANY	ETHNICITY HISPANIC OR LATINO	KHISPAN	KHISPAN	KHISPAN	KHISPAN	KHISPAN	KHISPAN	KHISPAN	KHISPAN	NEED	NEED
	KHISPANN	ETHNICITY NOT HISPANIC OR LATINO	KHISPAN	KHISPAN	KHISPAN	KHISPAN	KHISPAN	KHISPAN	KHISPAN	KHISPAN	NEED	NEED
	_		_		_			_				
	KRACEO	RACE OTHER	KRACEO	KRACEO	KRACEO	KRACEO	KRACEO	KRACEO	KRACEO	KRACEO	NEED	NEED
	KRACESPC	RACE SPECIFY	KRACSPC	KRACSPC	KRACSPC	KRACSPC	KRACSPC	KRACSPC	KRACSPC	KRACSPC	NEED	NEED
	PFUSRY	US RESIDENT OR CITIZEN (Y)	KPERMUS	KPERMUS	KPERMUS	KPERMUS	KPERMUS	KPERMUS	KPERMUS	KPERMUS	NEED	NEED
	PFUSRN	US RESIDENT OR CITIZEN (N)	KPERMUS	KPERMUS	KPERMUS	KPERMUS	KPERMUS	KPERMUS	KPERMUS	KPERMUS	NEED	NEED
37	RETIREY	RETIRING IN THE NEXT TWO YEARS YES	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED

Vairable	Minimum Dataset										1	
Number		Minimum Dataset Descriptions	Social Work	Marr & Fam	Marr & Fam	PSY MA	PSY	COUNSELOR	COUNSELOR	COUNSELOR		
Number	Variable Name	Millimum Dataset Descriptions	Social Work	Ivian & ram	Man & ram	I OT WA	1 01	COONSELOR	COUNSELON	COUNSELOR		
	License		LSCSW	LCMFT	LMFT	LMLP	I P	LCP	LCPC	LPC	Dentist	Hygienist
		RETIRING IN THE NEXT TWO YEARS NO	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
		ARE YOU ACTIVELY RECRUTING A DENTIST										
39		TO JOIN YOUR PRACTICE									NEED	
		IF YES, HOW LONG HAVE YOU BEEN										
40		LOOKING FOR A DENTIST TO JOIN YOUR									NEED	
41		IS YOUR PRACTICE CURRENTLY FOR SALE									NEED	
		ARE YOU CURRENTLY RECRUITING FOR A										
42		DENTAL HYGIENIST									NEED	
		ARE YOU CURRENTLY SEEKING										
43		EMPLOYMENT AS A DENTIST (FULL OR PART									NEED	
4.4		IF YES, HOW LONG HAVE YOU BEEN									NEED	
44	II Person	LOOKING FOR EMPLOYMENT AS A DENTIST?									NEED	
	PFNMEF	FIRST NAME	FirstName	FirstName	FirstName	FirstName	FirstName	FirstName	FirstName	FirstName	FIRSTNAME	FIRSTNAME
	PFNMEI	MIDDLE INITIAL	MiddleName	MiddleName	MiddleName	MiddleName	MiddleName	MiddleName	MiddleName	MiddleName	MIDDLENAME	MIDDLENAME
	PFNMEL	LAST NAME	LastName	LastName	LastName	LastName	LastName	LastName	LastName	LastName	LASTNAME	LASTNAME
	PFNMES	NAME SUFFIX						2401.140				2.101111111
	CREDENT	PROFESSIONAL DESIGNATION	LicType	LicType	LicType	LicType	LicType	LicType	LicType	LicType		
	Residents		- 71 -	7,1	- 7)	- 7	71.	- 71	- 7)	- 71		
50	KRESPGMN	RESIDENCE PROGRAM NO (X)										
51	KRESPGMY	RESIDENCE PROGRAM YES (X)										
	KRESINST	RESIDENCE INSTITUTION										
	KRESCITY	RESIDENCE CITY										
	KRESSTE	RESIDENCE STATE										
55	KRESZIP	RESIDENCE ZIP (5 digit)		+					1			
E0	KRESZ 4	DECIDENCE ZID EVTENSION (4 diai4)										
	KRESCO	RESIDENCE ZIP EXTENSION (4 digit) RESIDENCE COUNTY		+		+	+		+	+	1	+
	Specialty	NESIDENCE COUNTY										
	KSC1	SPECIALIZATION CODE 1										
	KSC2	SPECIALIZATION CODE 2		+		+			+	+	 	+
	KSC3	SPECIALIZATION CODE 3	 						+	+	1	
	SPNAME1	SPECIALIZATION NAME 1					Emphaisis		1	1	1	
	SPNAME2	SPECIALIZATION NAME 2					Linpilatoro					
	SPNAME3	SPECIALIZATION NAME 3							1		1	1
	SPECOTH1	OTHER SPECIALIZATION NAME 1										
	SPECOTH2	OTHER SPECIALIZATION NAME 1 OTHER SPECIALIZATION NAME 2		+		+			+	+	 	+
	SPECOTH3	OTHER SPECIALIZATION NAME 2							+	1	1	

Vairable	Minimum Dataset											
Number	Variable Name	Minimum Dataset Descriptions	Social Work	Marr & Fam	Marr & Fam	PSY MA	PSY	COUNSELOR	COUNSELOR	COUNSELOR		
	T direction in terms	The state of the s	000.0		man ar an			00011022011	000.10220.1	00011022011		
	License		LSCSW	LCMFT	LMFT	LMLP	LP	LCP	LCPC	LPC	Dentist	Hygienist
67	KBC1N	BOARD CERTIFIED SPEC 1 NO (X)										, in granter
	KBC1Y	BOARD CERTIFIED SPEC 1 YES (X)										
69	Ų	BOARD CERTIFIED SPEC 2 NO (X)										
	KBC2Y	BOARD CERTIFIED SPEC 2 YES (X)										
71		BOARD CERTIFIED SPEC 3 NO (X)										
	KBC3Y	BOARD CERTIFIED SPEC 3 YES (X)										
	Education	BOTHER GETTINGER OF EGG (X)										
	PFSCHM	SCHOOL DESCRIPTION (NAME)										
	PFSCHOOL	SCHOOL CODE	FirstOfCollege	FirstOfCollege	FirstOfCollege	FirstOfCollege	FirstOfCollege	FirstOfCollege	FirstOfCollege	FirstOfCollege	SCHOOLCODE	SCHOOLCODE
	DEGREE	COLLEGE DEGREE	FirstOfDegree	FirstOfDegree	FirstOfDegree	FirstOfDegree	FirstOfDegree	FirstOfDegree	FirstOfDegree	FirstOfDegree	DEGREE	DEGREE
	PFDEGD	DEGREE DATE	FilstOlDeglee	FirstOiDegree	FirstOiDegree	FilstOlDegree	FilstOiDegree	FilstOiDegree	FirstOiDegree	FilstOlDeglee	GRADDATE	GRADDATE
77		EDUCATION LEVEL-HIGHEST									GRADDATE	GRADDATE
- ' '		GRADUATE OF AN INTERNATIONAL SCHOOL										
78	ISCHOOLY	(YES)	KFSGRAD	KFSGRAD	KFSGRAD	KFSGRAD	KFSGRAD	KFSGRAD	KFSGRAD	KFSGRAD		
70	ISCHOOLI	GRADUATE OF AN INTERNATIONAL SCHOOL	IN SONAD	KI SOKAD	KI GOIVAD	IN SOIVAD	IN SONAD	IN SOINAD	IN SOIVAD	IN SOIVAD		
70	ISCHOOLN	(NO)	KFSGRAD	KFSGRAD	KFSGRAD	KFSGRAD	KFSGRAD	KFSGRAD	KFSGRAD	KFSGRAD		
19	Mailing	(140)	NI SUNAD	KI SGRAD	KI SGKAD	KI SGRAD	NI SGNAD	NI SGNAD	NI SGNAD	NI SGNAD		
90	ADRESP	MAIL ADD TYPE (PROF OR HOME)	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	CONTACTTYP	CONTACTTYP
81		MAIL ORGANIZATION NAME	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
	*	MAIL ADDRESS 1									ADDRESS1	ADDRESS1
82 83		MAIL ADDRESS 1 MAIL ADDRESS 2	Address1 NEED	Address1 NEED	Address1 NEED	Address1 NEED	Address1 NEED	Address1 NEED	Address1 NEED	Address1 NEED	ADDRESS1	ADDRESS1
	ADCITY										CITY	
		MAIL CITY MAIL STATE	City	City	City	City	City	City	City State	City State	STATE	CITY STATE
85	+	MAIL STATE MAIL ZIPCODE (5 digit)	State	State	State	State	State	State		Zip (5)	STATE 7IP	ZIP
86			Zip (5)	Zip (5)	Zip (5)	Zip (5)	Zip (5)	Zip (5)	Zip (5)		NEED	NEED
	ADZIPC_4 ADPHNE	MAIL ZIPCODE (4 digit) MAIL PHONE	Zip (4) NEED	Zip (4)	Zip (4) NEED	Zip (4) NEED	Zip (4) NEED	Zip (4) NEED	Zip (4) NEED	Zip (4)	DAYPHONE	DAYPHONE
	<u> </u>	WALTHONE	NEED	INCED	INCED	INEED	NEED	NEED	NEED	NEED	DATPHONE	DATPHONE
	Practice General	KANCAC DIDECT DATIENT CADE (V)	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
	KDPCAREY	KANSAS DIRECT PATIENT CARE (Y)	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
90	KDPCAREN	KANSAS DIRECT PATIENT CARE (N)	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
04	V DWINING	HOURS IN ADMINISTRATION IN A TYPICAL WEEK	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED		WHD VDVIVI
	ADMINHRS RESEAHRS	HOURS IN RESEARCH IN A TYPICAL WEEK	NEED	NEED NEED	NEED NEED	NEED NEED	NEED NEED	NEED	NEED NEED	NEED NEED	WHR_ADMIN WHR RESEAR	WHR_ADMIN WHR RESEAR
92		HOURS IN RESEARCH IN A TYPICAL WEEK HOURS IN TEACHING IN A TYPICAL WEEK	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	WHR_RESEAR WHR_TEACH	WHR_RESEAR WHR_TEACH
	OTHHRS	HOURS IN OTHER IN A TYPICAL WEEK	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	WHR_TEACH	WHR_TEACH
	Practice 1	HOUNG IN OTHER IN A TIFICAL WEEK	INCED	INLED	INLED	INLED	INCED	INCED	INLED	INLED	WIIK_OTHER	WIIK_OTHER
	KORGPS1	PRACTICE SITE 1 ORGANIZATION NAME	KLN1PS	KLN1PS	KLN1PS	KLN1PS	KLN1PS	KLN1PS	KLN1PS	KLN1PS	ADDRESS1	ADDRESS1
	KLN1PS1		_	KLN2PS	_	KLN2PS		KLN2PS	_	KLN2PS		
		PRACTICE SITE 1 ADDRESS 1	KLN2PS NEED	NEED	KLN2PS NEED	NEED	KLN2PS NEED	NEED	KLN2PS NEED	NEED	ADDRESS2	ADDRESS2
97	KLN2PS1 KPSCITY1	PRACTICE SITE 1 CITY		KPSCITY		KPSCITY	KPSCITY	KPSCITY		KPSCITY	CITY	CITY
	KPSSTE1	PRACTICE SITE 1 CITY PRACTICE SITE 1 STATE	KPSCITY KPSSTATE	KPSSTATE	KPSCITY KPSSTATE	KPSSTATE	KPSSTATE	KPSSTATE	KPSCITY KPSSTATE	KPSSTATE	CITY STATE	CITY STATE
	KPSZIP1	PRACTICE SITE 1 STATE PRACTICE SITE 1 ZIP (5 digit)	KPSSTATE KPSZIP (5)	KPSZIP (5)	KPSZIP (5)	KPSZIP (5)	KPSSTATE KPSZIP (5)	KPSZIP (5)	KPSSTATE KPSZIP (5)	KPSZIP (5)	KPSZIP (5)	ZIP (5)

Vairable	Minimum Dataset											
Number	Variable Name	Minimum Dataset Descriptions	Social Work	Marr & Fam	Marr & Fam	PSY MA	PSY	COUNSELOR	COUNSELOR	COUNSELOR		
		·										
	License		LSCSW	LCMFT	LMFT	LMLP	LP	LCP	LCPC	LPC	Dentist	Hygienist
	KPSZ1_4	PRACTICE SITE 1 ZIP EXTENSION (4 digit)	KPSZIP (4)	KPSZIP (4)	KPSZIP (4)	KPSZIP (4)	KPSZIP (4)	KPSZIP (4)	KPSZIP (4)	KPSZIP (4)	NEED	NEED
102	KPSPH1	PRACTICE SITE 1 PHONE	KPSPH	KPSPH	KPSPH	KPSPH	KPSPH	KPSPH	KPSPH	KPSPH	DAYPHONE	DAYPHONE
103	KPSFAX1	PRACTICE SITE 1 FAX	KPSFAX	KPSFAX	KPSFAX	KPSFAX	KPSFAX	KPSFAX	KPSFAX	KPSFAX		
104	KPS1EMAL	PRACTICE SITE 1 EMAIL ADDRESS	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
105	KPSTYPE1	PRACTICE SITE 1 TYPE	KPSTYPE	KPSTYPE	KPSTYPE	KPSTYPE	KPSTYPE	KPSTYPE	KPSTYPE	KPSTYPE	NEED	NEED
106	KPTYOTH1	PRACTICE SITE 1 OTHER	KPSTYOTH	KPSTYOTH	KPSTYOTH	KPSTYOTH	KPSTYOTH	KPSTYOTH	KPSTYOTH	KPSTYOTH	NEED	NEED
107	KPATSEE1	PATIENTS SEEN PER WEEK SITE 1	KPATYSEE	KPATYSEE	KPATYSEE	KPATYSEE	KPATYSEE	KPATYSEE	KPATYSEE	KPATYSEE	NEED	NEED
108	KHRSPS1	PRACTICE SITE 1 HOURS	KHRSPS	KHRSPS	KHRSPS	KHRSPS	KHRSPS	KHRSPS	KHRSPS	KHRSPS	HRSPERWEEK	HRSPERWEEK
109	KWKPYR1	PRACTICE SITE 1 WKS PER YR	WKSYR1	WKSYR1	WKSYR1	WKSYR1	WKSYR1	WKSYR1	WKSYR1	WKSYR1	WKSPERYEAR	WKSPERYEAR
110	KPCT1PS1	PRACTICE SITE 1 % SPECIALTY 1										
111	KPCT2PS1	PRACTICE SITE 1 % SPECIALTY 2										
112	KPCT3PS1	PRACTICE SITE 1 % SPECIALTY 3										
	KPCTMH1	PRACTICE SITE 1 % MENTAL HEALTH	KPCTMH1	KPCTMH1	KPCTMH1	KPCTMH1	KPCTMH1	KPCTMH1	KPCTMH1	KPCTMH1		
		PERCENT OF MEDICAID PATIENTS AT										
114	KPCTMEDICAIDPS	PRACTICE SITE 1	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
		PERCENT OF SLIDING FEE PATIENTS AT										
115	KPCTSLIDEFEEPS	PRACTICE SITE 1	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
116	DENTHYGPS1	DENTAL HYGIENISTS AT PRACTICE SITE 1									NEED	
117	DENTASSISPS1	DENTAL ASSISTANTS AT PRACTICE SITE 1									NEED	
		DENTAL SCALING ASSISTANTS AT PRACTICE										
118		SITE 1									NEED	
		DENTAL HYGIENIST WITH EXTENDED CARE										
119	ECPLVL1PS1	PERMIT LEVEL 1 PRACTICE SITE 1										NEED
		DENTAL HYGIENIST WITH EXTENDED CARE										
	ECPLVL2PS1	PERMIT LEVEL 2 PRACTICE SITE 1										NEED
	NEWPATPS1Y	NEW PATIENTS AT SITE 1 YES	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
		NEW PATIENTS AT SITE 1 NO	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
123		WAIT HOURS AT SITE 1	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
	Practice 2		IZI NIADOOA	KINADOM	KINADOM	KI NADOOA	IXI NADOOA	IXI NIADOOA	IZI NIA DOGA	KINADOM	NEED	NEED
	KORGPS2	PRACTICE SITE 2 ORGANIZATION NAME	KLN1PS01	KLN1PS01	KLN1PS01	KLN1PS01	KLN1PS01	KLN1PS01	KLN1PS01	KLN1PS01	NEED	NEED
	KLN1PS2	PRACTICE SITE 2 ADDRESS 1	KLN2PS01	KLN2PS01	KLN2PS01	KLN2PS01	KLN2PS01	KLN2PS01	KLN2PS01	KLN2PS01	ADDRESS1	ADDRESS1
	KLN2PS2	PRACTICE SITE 2 ADDRESS 2	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	ADDRESS2	ADDRESS2
	KPSCITY2	PRACTICE SITE 2 CITY	KPSCITY01	KPSCITY01	KPSCITY01	KPSCITY01	KPSCITY01	KPSCITY01	KPSCITY01	KPSCITY01	CITY	CITY
	KPSSTE2	PRACTICE SITE 2 STATE	KPSSTATE01	KPSSTATE01	KPSSTATE01	KPSSTATE01	KPSSTATE01	KPSSTATE01	KPSSTATE01	KPSSTATE01	STATE ZIP	STATE ZIP
129	KPSZIP2	PRACTICE SITE 2 ZIP (5 digit)	KPSZIP01 (5)	KPSZIP01 (5)	KPSZIP01 (5)	KPSZIP01 (5)	KPSZIP01 (5)	KPSZIP01 (5)	KPSZIP01 (5)	KPSZIP01 (5)	ZIP	ZIP
100	KDC70 4	DDACTICE SITE 2 ZID EVTENSION /4 -41-41	KD67ID04 (4)	KD67ID04 (4)	KPSZIP01 (4)	KDCZIDO4 (4)	KDCZID04 (4)	KDCZID04 (4)	KDCZIDO4 (4)	KD07ID04 (4)	NEED	NEED
	KPSZ2_4 KPSPH2	PRACTICE SITE 2 ZIP EXTENSION (4 digit) PRACTICE SITE 2 PHONE	KPSZIP01 (4) KPSPH01	KPSZIP01 (4) KPSPH01	KPSZIP01 (4)	KPSZIP01 (4) KPSPH01	NEED DAYPHONE	DAYPHONE				
	KPSFAX2	PRACTICE SITE 2 FAX	KPSFAX01	KPSFAX01	KPSFAX01	KPSFAX01	KPSFAX01	KPSFAX01	KPSFAX01	KPSFAX01	DATFRONE	DATFIONE
_	_	PRACTICE SITE 2 EMAIL ADDRESS									NEED	NEED
133	KPS2EMAL	FRACTIOL SITE 2 EIVIAIL ADDRESS	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED

airable	Minimum Dataset		<u> </u>			1	<u> </u>					
umber	Variable Name	Minimum Dataset Descriptions	Social Work	Marr & Fam	Marr & Fam	PSY MA	PSY	COUNSELOR	COUNSELOR	COUNSELOR		
	License		LSCSW	LCMFT	LMFT	LMLP	LP	LCP	LCPC	LPC	Dentist	Hygienist
134	KPSTYPE2	PRACTICE SITE 2 TYPE	KPSTYPE01	NEED	NEED							
135	KPTYOTH2	PRACTICE SITE 2 OTHER	KPSTYOTH01	NEED	NEED							
136	KPATSEE2	PATIENTS SEEN PER WEEK SITE 2	KPATYSEE01	NEED	NEED							
137	KHRSPS2	PRACTICE SITE 2 HOURS	KHRSPS01	HRSPERWEEK	HRSPERWEE							
138	KWKPYR2	PRACTICE SITE 2 WKS PER YR	WKSYR2	WKSPERYEAR	WKSPERYEA							
139	KPCT1PS2	PRACTICE SITE 2 % SPECIALTY 1										
140	KPCT2PS2	PRACTICE SITE 2 % SPECIALTY 2										
141	KPCT3PS2	PRACTICE SITE 2 % SPECIALTY 3										
142	KPCTMH2	PRACTICE SITE 2 % MENTAL HEALTH	KPCTMH2									
		PERCENT OF MEDICAID PATIENTS AT				•						
143	KPCTMEDICAIDES		NEED	NEED	NEED							
		PERCENT OF SLIDING FEE PATIENTS AT										
144	KPCTSLIDEFEEPS		NEED	NEED	NEED							
145	DENTHYGPS2	DENTAL HYGIENISTS AT PRACTICE SITE 2									NEED	
146	DENTASSISPS2	DENTAL ASSISTANTS AT PRACTICE SITE 2									NEED	
		DENTAL SCALING ASSISTANTS AT PRACTICE SITE 2									NEED	
148	ECPLVL1PS2	DENTAL HYGIENIST WITH EXTENDED CARE PERMIT LEVEL 1 PRACTICE SITE 2										NEED
		DENTAL HYGIENIST WITH EXTENDED CARE										
	ECPLVL2PS2	PERMIT LEVEL 2 PRACTICE SITE 2										NEED
	NEWPATPS2Y	NEW PATIENTS AT SITE 2 YES	NEED	NEED	NEED							
	NEWPATPS2N	NEW PATIENTS AT SITE 2 NO	NEED	NEED	NEED							
	WAITHRSPS2	WAIT HOURS AT SITE 2	NEED	NEED	NEED							
	Practice 3											
	KORGPS3	PRACTICE SITE 3 ORGANIZATION NAME	KLN1PS02	NEED	NEED							
_	KLN1PS3	PRACTICE SITE 3 ADDRESS 1	KLN2PS02	ADDRESS1	ADDRESS1							
	KLN2PS3	PRACTICE SITE 3 ADDRESS 2	NEED	ADDRESS2	ADDRESS2							
	KPSCITY3	PRACTICE SITE 3 CITY	KPSCITY02	CITY	CITY							
	KPSSTE3	PRACTICE SITE 3 STATE	KPSSTATE02	STATE	STATE							
158	KPSZIP3	PRACTICE SITE 3 ZIP (5 digit)	KPSZIP02 (5)	KPSZIP02 (5)	KPSZIP02 (5)	KPSZIP02 (5)	KPSZIP02 (4)	KPSZIP02 (5)	KPSZIP02 (5)	KPSZIP02 (5)	ZIP	ZIP
159	KPSZ3_4	PRACTICE SITE 3 ZIP EXTENSION (4 digit)	KPSZIP02 (4)	KPSZIP02 (4)	NEED	NEED	NEED	NEED	NEED	NEED		
	KPSPH3	PRACTICE SITE 3 PHONE	KPSPH02	DAYPHONE	DAYPHONE							
	KPSFAX3	PRACTICE SITE 3 FAX	KPSFAX02									
	KPS3EMAL	PRACTICE SITE 3 EMAIL ADDRESS	NEED	NEED	NEED							
	KPSTYPE3	PRACTICE SITE 3 TYPE	KPSTYPE02	NEED	NEED							
	KPTYOTH3	PRACTICE SITE 3 OTHER	KPSTYOTH02	NEED	NEED							
	KPATSEE3	PATIENTS SEEN PER WEEK SITE 3	KPATYSEE02	NEED	NEED							
	KHRSPS3	PRACTICE SITE 3 HOURS	KHRSPS02	HRSPERWEEK	HRSPERWEE							
100	INTROPOS	1 TO TOLOTIC OTTE OTTO OTTO	NITROF 302	KIIKOFOUZ	NIKOPOUZ	NHRSP302	MUKOLOUZ	NUKOL907	NUKOLON	NIKOPOUZ	IIROFERWEER	IJKSPEKWE

Vairable	Minimum Dataset											
Number	Variable Name	Minimum Dataset Descriptions	Social Work	Marr & Fam	Marr & Fam	PSY MA	PSY	COUNSELOR	COUNSELOR	COUNSELOR		
	License		LSCSW	LCMFT	LMFT	LMLP	LP	LCP	LCPC	LPC	Dentist	Hygienist
	KWKPYR3	PRACTICE SITE 3 WKS PER YR	WKSYR2	WKSYR2		WKSYR2	WKSYR2	WKSYR2	WKSYR2	WKSYR2	WKSPERYEAR	WKSPERYEAR
	KPCT1PS3	PRACTICE SITE 3 % SPECIALTY 1	WINGTINE	WINGTINE	WITCHTE	WITCHTE	WITCHTE	WINGTINE	WITCHTE	WINGTINE	WINOI EINIE/IIN	WITOI LITTE/IIT
	KPCT2PS3	PRACTICE SITE 3 % SPECIALTY 2										
	KPCT3PS3	PRACTICE SITE 3 % SPECIALTY 3								1		
			LCDOTALIO	LCD OTT 11 10	LADOTALIO	LOCTALIO	L/DOTALIO	LCD OTT ALLO	L/DOTALIO	LOCALID		
1/1			KPCTMH3	КРСТМН3	KPCTMH3	KPCTMH3	КРСТМН3	КРСТМН3	KPCTMH3	КРСТМН3		
172	KPCTMEDICAIDPS	PERCENT OF MEDICAID PATIENTS AT PRACTICE SITE 3	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
		PERCENT OF SLIDING FEE PATIENTS AT										
173	KPCTSLIDEFEEPS	PRACTICE SITE 3	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
174	DENTHYGPS3	DENTAL HYGIENISTS AT PRACTICE SITE 3									NEED	
	DENTASSISPS3	DENTAL ASSISTANTS AT PRACTICE SITE 3									NEED	
470		DENTAL SCALING ASSISTANTS AT PRACTICE									NEED	
1/6	DENTSCALEPS3										NEED	
177	ECPLVL1PS3	DENTAL HYGIENIST WITH EXTENDED CARE PERMIT LEVEL 1 PRACTICE SITE 3										NEED
		DENTAL HYGIENIST WITH EXTENDED CARE										
178		PERMIT LEVEL 2 PRACTICE SITE 3										NEED
	NEWPATPS3Y	NEW PATIENTS AT SITE 3 YES	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
	+	NEW PATIENTS AT SITE 3 NO	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
		WAIT HOURS AT SITE 3	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
	Practice Other											
182	KADDPS	NUMBER OF ADDITIONAL PRAC SITES	KNMADPRST	KNMADPRST	KNMADPRST	KNMADPRST	KNMADPRST	KNMADPRST	KNMADPRST	KNMADPRST		
183	KADDHRS	HRS IN ADD PRACTICE SITES	KOTHDPCHRS	KOTHDPCHRS	KOTHDPCHRS	KOTHDPCHRS	KOTHDPCHRS	KOTHDPCHRS	KOTHDPCHRS	KOTHDPCHRS		

Vairable	Minimum Dataset			Nursing	Speech	KDHE CMA	KDHE CNA			Board of Optometry		
Number	Variable Name	Minimum Dataset Descriptions	EMS	Facility	Pathologists	Variables	Variables			Variables		
ramboi	variable rame	THIRM Dataget Descriptions	Livio	i donity	r atriologicto	Variables	Variables			Variables		
	License		EMS	NF	SP	CMA	CNA	Pharmacy	Pharmacist		RN	LPN
		FEDERAL PROVIDER ID NUMBER (IF						,				
1	FEDPROID	APPLICABLE)(FROM KDHE-HOC SURVEY	NEED	NEED	NEED	NEED	NEED	NEED	NEED	UPIN	NEED	NEED
2	PFLICN	LICENSE NUMBER	NEED	Cred#	Cred#	Cred#	Cred#	CRED.	CRED.	LicenseNo	license_no	license_no
3	PFLICS	LICENSE STATUS						STATUS	STATUS	LicenseStatus	license_status	license_status
4	PFOLDT	ORIG LICENSE DATE	InitCertDate	Issue Date	Issue Date	Issue Date	Issue Date			InitialLicDate	issue_date	issue_date
5	PFEXDT	LICENSE EXPIR DATE	EXPIRE_DATE	Exp Date	Exp Date	Exp Date	Exp Date	EXP_DT	EXP_DT	LicExpires	expiration_date	expiration_date
6	PFLSTR	LAST RENEWAL DATE									date_last_renewal	date_last_renewal
7	KLICMETH	LICENSE METHOD (NURSING ONLY)								Exam/Reciprocity	obtained_type	obtained_type
8	PFLICTYP	(LICENSE TYPE)	CertLvl	Cred Type	Cred Type	Cred Type	Cred Type	LIC_TYP	LIC_TYP	LicType	license_type	license_type
	Demographics											
	PFDTOB	DATE OF BIRTH	DOB	DOB	DOB	DOB	DOB	DOB	DOB	DOB	date_of_birth	date_of_birth
10	PFPLOB	PLACE OF BIRTH						POB	POB			
11	111111111111111111111111111111111111111	GENDER	Gender	Gender	Gender	Gender	Gender	SEX	SEX	NEED	gender	gender
12	KLNGENG	LANG ENGLISH	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
13	111111111111111111111111111111111111111	LANG SPANISH	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
14		LANG CHINESE	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
15	KLNGFREN	LANG FRENCH	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
16	III. (2. (002. (ii))	LANG GERMAN	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
17		LANG TAGALOG	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
18		LANG VIETNAMESE	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
19		LANG ARABIC	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
20		LANG HINDI	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
21		LANG PILIPINO	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
22		LANG URDU	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
23	111	LANG SIGN	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
24	111111111111	LANG OTHER	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
25	1111111111111	LANG SPECIFY	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
26	111	RACE WHITE	NEED		Race (NEED or				NEED	NEED	NEED	NEED
27	111	RACE BLACK OR AFRICAN AMERICAN	NEED		Race (NEED or		`		NEED	NEED	NEED	NEED
28	111111111111111111111111111111111111111		NEED	,	Race (NEED or	,	,		NEED	NEED	NEED	NEED
29	KRACEA	RACE ASIAN	NEED	Race (NEED	Race (NEED or	Race (NEED	Race (NEED	NEED	NEED	NEED	NEED	NEED
		RACE NATIVE HAWAIIAN OR OTHER PACIFIC										
30	KRACEHPI	ISLANDER	NEED	Race (NEED	Race (NEED or				NEED	NEED	NEED	NEED
31	KHISPANY	ETHNICITY HISPANIC OR LATINO	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
32		ETHNICITY NOT HISPANIC OR LATINO	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
33	KRACEO	RACE OTHER	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
34	KRACESPC	RACE SPECIFY	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
35	PFUSRY	US RESIDENT OR CITIZEN (Y)						CITIZEN	CITIZEN		NEED	NEED
36	PFUSRN	US RESIDENT OR CITIZEN (N)						CITIZEN	CITIZEN		NEED	NEED
37	RETIREY	RETIRING IN THE NEXT TWO YEARS YES	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED

Vairable	Minimum Dataset			Nursing	Speech	KDHE CMA	KDHE CNA			Board of Optometry		
Number	Variable Name	Minimum Dataset Descriptions	EMS	Facility	Pathologists	Variables	Variables			Variables		
	License		EMS	NF	SP	CMA	CNA	Pharmacy	Pharmacist		RN	LPN
38	RETIREN	RETIRING IN THE NEXT TWO YEARS NO	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
		ARE YOU ACTIVELY RECRUTING A DENTIST										
39		TO JOIN YOUR PRACTICE										
		IF YES, HOW LONG HAVE YOU BEEN										
40		LOOKING FOR A DENTIST TO JOIN YOUR										
41		IS YOUR PRACTICE CURRENTLY FOR SALE										
		ARE YOU CURRENTLY RECRUITING FOR A										
42	 	DENTAL HYGIENIST										
40		ARE YOU CURRENTLY SEEKING										
43	H	EMPLOYMENT AS A DENTIST (FULL OR PART IF YES, HOW LONG HAVE YOU BEEN										
44		LOOKING FOR EMPLOYMENT AS A DENTIST?										
	Person	LOGICING FOR LIVII LOTIVILIVI AGA DLIVIIGT!										
45	PFNMEF	FIRST NAME	FirstName	FirstName	FirstName	FirstName	FirstName	FNAME	FNAME	FirstName	first name	first name
	PFNMEI	MIDDLE INITIAL	MI	MiddleName	MiddleName		MiddleName	MI	MI	MiddleName	middle_name	middle name
47		LAST NAME	LastName	LastName	LastName	LastName	LastName	LNAME	LNAME	LastName	last name	last name
48		NAME SUFFIX						SUFFIX	SUFFIX		_	_
49	CREDENT	PROFESSIONAL DESIGNATION						PROFESSION	PROFESSION			
	Residents											
50	KRESPGMN	RESIDENCE PROGRAM NO (X)										
51	KRESPGMY	RESIDENCE PROGRAM YES (X)										
52	KRESINST	RESIDENCE INSTITUTION										
53		RESIDENCE CITY										
54		RESIDENCE STATE										
55	KRESZIP	RESIDENCE ZIP (5 digit)										
56	KRESZ 4	RESIDENCE ZIP EXTENSION (4 digit)										
57	KRESCO	RESIDENCE COUNTY		1		1	<u> </u>					
01	Specialty											
58	KSC1	SPECIALIZATION CODE 1										
59	<u> </u>	SPECIALIZATION CODE 2										
60	₩	SPECIALIZATION CODE 3		1	İ	1	†					
61	SPNAME1	SPECIALIZATION NAME 1		1	1	1	1					
62	SPNAME2	SPECIALIZATION NAME 2				1						
63	SPNAME3	SPECIALIZATION NAME 3		1		1	†					
64	SPECOTH1	OTHER SPECIALIZATION NAME 1		1			 					
65		OTHER SPECIALIZATION NAME 2		1		1	†					
	SPECOTH3	OTHER SPECIALIZATION NAME 3		1		1	†	1				

Vairable	Minimum Dataset			Nursing	Speech	KDHE CMA	KDHE CNA			Board of Optometry		
Number	Variable Name	Minimum Dataset Descriptions	EMS	Facility	Pathologists	Variables	Variables			Variables		
Number	II variable realife	William Bataset Bescriptions	LIVIO	acinty	1 atriologists	Variables	variables			Variables		
	License		EMS	NF	SP	СМА	CNA	Pharmacy	Pharmacist		RN	LPN
67	KBC1N	BOARD CERTIFIED SPEC 1 NO (X)	Livio		O.	OWD C	OI U	Hamilaby	Hamildoot		1 (1 (LI IV
68	KBC1Y	BOARD CERTIFIED SPEC 1 YES (X)			_	+	1					
69	KBC2N	BOARD CERTIFIED SPEC 2 NO (X)				+						
70	KBC2Y	BOARD CERTIFIED SPEC 2 YES (X)			_	+	+					
		BOARD CERTIFIED SPEC 3 NO (X)										
71	KBC3N	` '										
	KBC3Y	BOARD CERTIFIED SPEC 3 YES (X)										
	Education											
	PFSCHM	SCHOOL DESCRIPTION (NAME)									NEED	NEED
74	PFSCHOOL	SCHOOL CODE								College	NEED	NEED
75	DEGREE	COLLEGE DEGREE						DEGREE	DEGREE		NEED	NEED
		DEGREE DATE						DATE	DATE	GradYear	NEED	NEED
77	EDLEVELH	EDUCATION LEVEL-HIGHEST	EDUC_LVL								NEED	NEED
		GRADUATE OF AN INTERNATIONAL SCHOOL										
78	ISCHOOLY	(YES)										
		GRADUATE OF AN INTERNATIONAL SCHOOL										
79	ISCHOOLN	(NO)										
	Mailing											
80	ADRESP	MAIL ADD TYPE (PROF OR HOME)	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
81	ADORG	MAIL ORGANIZATION NAME	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
82	ADLNE1	MAIL ADDRESS 1	Address1	Address	Address	Address	Address	ADDRESS1	ADDRESS1	NEED	addr_line_1	addr line 1
83	ADLNE2	MAIL ADDRESS 2		NEED	NEED	NEED	NEED	ADDRESS2	ADDRESS2	NEED	addr_line_2	addr_line_2
84	ADCITY	MAIL CITY	City	City	City	City	City	CITY	CITY	NEED	addr_city	addr_city
85	ADSTE	MAIL STATE	State	State	State	State	State	STATE	STATE	NEED	addr_state	addr_state
86	ADZIPC	MAIL ZIPCODE (5 digit)	Zip	Zip	Zip	Zip	Zip	ZIP	ZIP	NEED	addr_zipcode (5)	addr zipcode (5)
87	ADZIPC 4	MAIL ZIPCODE (4 digit)	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	addr zipcode (4)	addr zipcode (4)
88	ADPHNE	MAIL PHONE	HomePhone	NEED	NEED	NEED	NEED	TELEPHONE	TELEPHONE	NEED	NEED	NEED
	Practice General											
	KDPCAREY	KANSAS DIRECT PATIENT CARE (Y)			NEED	NEED	NEED			NEED	NEED	NEED
	KDPCAREN	KANSAS DIRECT PATIENT CARE (N)			NEED	NEED	NEED			NEED	NEED	NEED
	<u> </u>	HOURS IN ADMINISTRATION IN A TYPICAL									_	
91	ADMINHRS	WEEK		NEED	NEED	NEED	NEED				NEED	NEED
92	RESEAHRS	HOURS IN RESEARCH IN A TYPICAL WEEK		NEED	NEED	NEED	NEED	NEED	NEED		NEED	NEED
93	TEACHHRS	HOURS IN TEACHING IN A TYPICAL WEEK		NEED	NEED	NEED	NEED	NEED	NEED		NEED	NEED
94	OTHHRS	HOURS IN OTHER IN A TYPICAL WEEK		NEED	NEED	NEED	NEED	NEED	NEED		NEED	NEED
	Practice 1	The state of the s										
	KORGPS1	PRACTICE SITE 1 ORGANIZATION NAME	NEED	NEED	NEED	NEED	NEED	NEED	NEED	1PracticeName	NEED	NEED
96	KLN1PS1	PRACTICE SITE 1 ADDRESS 1	NEED	NEED	NEED	NEED	NEED	NEED	NEED	1Address	NEED	NEED
97	KLN2PS1	PRACTICE SITE 1 ADDRESS 2	NEED	NEED	NEED	NEED	NEED	NEED	NEED	ii luuloss	NEED	NEED
98	KPSCITY1	PRACTICE SITE 1 ADDRESS 2	NEED	NEED	NEED	NEED	NEED	NEED	NEED	1City	NEED	NEED
99	+	PRACTICE SITE 1 STATE	NEED	NEED	NEED	NEED	NEED	NEED	NEED	1State	NEED	NEED
		PRACTICE SITE 1 STATE PRACTICE SITE 1 ZIP (5 digit)	NEED	NEED	NEED	NEED	NEED	NEED	NEED	1Zip (5)	NEED	NEED
100	III OZII 1	TIMOTIOL OTTE TZII (Ə diğil)	MEED	INCLU	INCLU	MEED	INCLU	MEED	MEED	141P (J)	NEED	MEED

Vairable	Minimum Dataset			Nursing	Speech	KDHE CMA	KDHE CNA			Board of Optometry		
Number	Variable Name	Minimum Dataset Descriptions	EMS	Facility	Pathologists	Variables	Variables			Variables		
					· · · · · · · · · · · · · · · · · · ·							
	License		EMS	NF	SP	CMA	CNA	Pharmacy	Pharmacist		RN	LPN
101	KPSZ1 4	PRACTICE SITE 1 ZIP EXTENSION (4 digit)	NEED	NEED	NEED	NEED	NEED	NEED	NEED	1Zip (4)	NEED	NEED
102	KPSPH1	PRACTICE SITE 1 PHONE	WorkPhone	NEED	NEED	NEED	NEED	NEED	NEED	1OfficePhone	NEED	NEED
103	KPSFAX1	PRACTICE SITE 1 FAX	NEED	NEED	NEED	NEED	NEED	NEED	NEED	1OfficeFax	NEED	NEED
104	KPS1EMAL	PRACTICE SITE 1 EMAIL ADDRESS	NEED	NEED	NEED	NEED	NEED			EmailAddress	NEED	NEED
105	KPSTYPE1	PRACTICE SITE 1 TYPE	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
106	KPTYOTH1	PRACTICE SITE 1 OTHER	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
107	KPATSEE1	PATIENTS SEEN PER WEEK SITE 1	NEED		NEED	NEED	NEED			NEED		
108	KHRSPS1	PRACTICE SITE 1 HOURS	NEED	NEED	NEED	NEED	NEED	NEED	NEED	1HrsWk	NEED	NEED
109	KWKPYR1	PRACTICE SITE 1 WKS PER YR	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED	NEED
110		PRACTICE SITE 1 % SPECIALTY 1										
111	KPCT2PS1	PRACTICE SITE 1 % SPECIALTY 2		1		1	1		1			
112		PRACTICE SITE 1 % SPECIALTY 3			1	1			1			
113		PRACTICE SITE 1 % MENTAL HEALTH										
110	14 0111111	PERCENT OF MEDICAID PATIENTS AT										
114	KPCTMEDICAIDPS			NEED	NEED	NEED	NEED			NEED		
		PERCENT OF SLIDING FEE PATIENTS AT										
115	KPCTSLIDEFEEPS				NEED	NEED	NEED			NEED		
116	DENTHYGPS1	DENTAL HYGIENISTS AT PRACTICE SITE 1										
117	DENTASSISPS1	DENTAL ASSISTANTS AT PRACTICE SITE 1										
		DENTAL SCALING ASSISTANTS AT PRACTICE										
118	DENTSCALEPS1	SITE 1										
		DENTAL HYGIENIST WITH EXTENDED CARE										
119	ECPLVL1PS1	PERMIT LEVEL 1 PRACTICE SITE 1										
		DENTAL HYGIENIST WITH EXTENDED CARE										
120		PERMIT LEVEL 2 PRACTICE SITE 1										
121	NEWPATPS1Y	NEW PATIENTS AT SITE 1 YES			NEED	NEED	NEED			NEED		
122	NEWPATPS1N	NEW PATIENTS AT SITE 1 NO			NEED	NEED	NEED			NEED		
123		WAIT HOURS AT SITE 1			NEED	NEED	NEED			NEED		
	Practice 2	DDACTIOE CITE 2 ODC ANIZATION NAME			VIEED.				11555	00 # 11	1550	NEED.
	KORGPS2	PRACTICE SITE 2 ORGANIZATION NAME	NEED	NEED	NEED	NEED	NEED		NEED	2PracticeName	NEED	NEED
125	KLN1PS2	PRACTICE SITE 2 ADDRESS 1	NEED	NEED	NEED	NEED	NEED		NEED	2Address	NEED	NEED
126	KLN2PS2	PRACTICE SITE 2 ADDRESS 2	NEED	NEED	NEED	NEED	NEED		NEED		NEED	NEED
127	KPSCITY2	PRACTICE SITE 2 CITY	NEED	NEED	NEED	NEED	NEED		NEED	2City	NEED	NEED
128	KPSSTE2	PRACTICE SITE 2 STATE	NEED	NEED	NEED	NEED	NEED		NEED	2State	NEED	NEED
129	KPSZIP2	PRACTICE SITE 2 ZIP (5 digit)	NEED	NEED	NEED	NEED	NEED		NEED	2Zip (5)	NEED	NEED
400	1/0070 4	DDA OTIOE OITE A ZID EVTENDION (* " '')	NEED	NEED	NEED	NEED.	NEED			07: (4)	NEED	NEED
	KPSZ2_4	PRACTICE SITE 2 ZIP EXTENSION (4 digit) PRACTICE SITE 2 PHONE	NEED	NEED	NEED	NEED	NEED		NEED	2Zip (4)	NEED	NEED
131	KPSPH2		NEED	NEED	NEED	NEED	NEED		NEED	2OfficePhone	NEED	NEED
132	KPSFAX2	PRACTICE SITE 2 FAX							NEED	2OfficeFax	NEED	NEED
133	KPS2EMAL	PRACTICE SITE 2 EMAIL ADDRESS	NEED	NEED	NEED	NEED	NEED				NEED	NEED

airable	Minimum Dataset			Nursing	Speech	KDHE CMA	KDHE CNA			Board of Optometry	,	
umber	Variable Name	Minimum Dataset Descriptions	EMS	Facility	Pathologists	Variables	Variables			Variables		
	License		EMS	NF	SP	CMA	CNA	Pharmacy	Pharmacist		RN	LPN
	KPSTYPE2	PRACTICE SITE 2 TYPE	NEED	NEED	NEED	NEED	NEED		NEED	NEED	NEED	NEED
135	KPTYOTH2	PRACTICE SITE 2 OTHER	NEED	NEED	NEED	NEED	NEED		NEED	NEED	NEED	NEED
136	KPATSEE2	PATIENTS SEEN PER WEEK SITE 2	NEED		NEED	NEED	NEED			NEED		
137	KHRSPS2	PRACTICE SITE 2 HOURS	NEED		NEED	NEED	NEED		NEED	2HrsWk	NEED	NEED
138	KWKPYR2	PRACTICE SITE 2 WKS PER YR	NEED		NEED	NEED	NEED		NEED	NEED	NEED	NEED
139	KPCT1PS2	PRACTICE SITE 2 % SPECIALTY 1										
140	KPCT2PS2	PRACTICE SITE 2 % SPECIALTY 2										
141	KPCT3PS2	PRACTICE SITE 2 % SPECIALTY 3										
142	KPCTMH2	PRACTICE SITE 2 % MENTAL HEALTH										
		PERCENT OF MEDICAID PATIENTS AT										
143	KPCTMEDICAIDPS	PRACTICE SITE 2			NEED	NEED	NEED			NEED		
		PERCENT OF SLIDING FEE PATIENTS AT										
144	KPCTSLIDEFEEPS				NEED	NEED	NEED			NEED		
145	DENTHYGPS2	DENTAL HYGIENISTS AT PRACTICE SITE 2										
146	DENTASSISPS2	DENTAL ASSISTANTS AT PRACTICE SITE 2										
		DENTAL SCALING ASSISTANTS AT PRACTICE										
147	DENTSCALEPS2	SITE 2										
		DENTAL HYGIENIST WITH EXTENDED CARE										
148	ECPLVL1PS2	PERMIT LEVEL 1 PRACTICE SITE 2										
		DENTAL HYGIENIST WITH EXTENDED CARE										
149	ECPLVL2PS2	PERMIT LEVEL 2 PRACTICE SITE 2										
150	NEWPATPS2Y	NEW PATIENTS AT SITE 2 YES			NEED	NEED	NEED			NEED		
151		NEW PATIENTS AT SITE 2 NO			NEED	NEED	NEED			NEED		
152	WAITHRSPS2	WAIT HOURS AT SITE 2			NEED	NEED	NEED			NEED		
	Practice 3											
153	KORGPS3	PRACTICE SITE 3 ORGANIZATION NAME	NEED	NEED	NEED	NEED	NEED		NEED	3PracticeName	NEED	NEED
154	KLN1PS3	PRACTICE SITE 3 ADDRESS 1	NEED	NEED	NEED	NEED	NEED		NEED	3Address	NEED	NEED
155	KLN2PS3	PRACTICE SITE 3 ADDRESS 2	NEED	NEED	NEED	NEED	NEED		NEED		NEED	NEED
156	KPSCITY3	PRACTICE SITE 3 CITY	NEED	NEED	NEED	NEED	NEED		NEED	3City	NEED	NEED
157	KPSSTE3	PRACTICE SITE 3 STATE	NEED	NEED	NEED	NEED	NEED		NEED	3State	NEED	NEED
158	KPSZIP3	PRACTICE SITE 3 ZIP (5 digit)	NEED	NEED	NEED	NEED	NEED		NEED	3Zip (5)	NEED	NEED
	KPSZ3_4	PRACTICE SITE 3 ZIP EXTENSION (4 digit)	NEED	NEED	NEED	NEED	NEED			3Zip (4)	NEED	NEED
160	KPSPH3	PRACTICE SITE 3 PHONE	NEED	NEED	NEED	NEED	NEED		NEED	3OfficePhone	NEED	NEED
161	KPSFAX3	PRACTICE SITE 3 FAX							NEED	3OfficeFax	NEED	NEED
162	KPS3EMAL	PRACTICE SITE 3 EMAIL ADDRESS	NEED	NEED	NEED	NEED	NEED					
163	KPSTYPE3	PRACTICE SITE 3 TYPE	NEED	NEED	NEED	NEED	NEED		NEED	NEED	NEED	NEED
164	KPTYOTH3	PRACTICE SITE 3 OTHER	NEED	NEED	NEED	NEED	NEED		NEED	NEED	NEED	NEED
165	KPATSEE3	PATIENTS SEEN PER WEEK SITE 3	NEED		NEED	NEED	NEED			NEED		
166	KHRSPS3	PRACTICE SITE 3 HOURS	NEED		NEED	NEED	NEED		NEED	3HrsWk	NEED	NEED

Vairable Number	Minimum Dataset Variable Name	Minimum Dataset Descriptions	EMS	Nursing Facility	Speech Pathologists	KDHE CMA Variables	KDHE CNA Variables			Board of Optometry Variables		
Number	Variable Name	Millimum Dataset Descriptions	LIVIO	acility	1 attiologists	variables	variables			variables		
	License		EMS	NF	SP	СМА	CNA	Pharmacy	Pharmacist		RN	LPN
167	KWKPYR3	PRACTICE SITE 3 WKS PER YR	NEED		NEED	NEED	NEED		NEED	NEED	NEED	NEED
168	KPCT1PS3	PRACTICE SITE 3 % SPECIALTY 1										
169	KPCT2PS3	PRACTICE SITE 3 % SPECIALTY 2										
170	KPCT3PS3	PRACTICE SITE 3 % SPECIALTY 3										
171	KPCTMH3	PRACTICE SITE 3 % MENTAL HEALTH										
		PERCENT OF MEDICAID PATIENTS AT										
172	KPCTMEDICAIDPS	PRACTICE SITE 3			NEED	NEED	NEED			NEED		
		PERCENT OF SLIDING FEE PATIENTS AT										
	KPCTSLIDEFEEPS				NEED	NEED	NEED			NEED		
174		DENTAL HYGIENISTS AT PRACTICE SITE 3										
175		DENTAL ASSISTANTS AT PRACTICE SITE 3										
		DENTAL SCALING ASSISTANTS AT PRACTICE										
176	DENTSCALEPS3	SITE 3										
		DENTAL HYGIENIST WITH EXTENDED CARE										
177		PERMIT LEVEL 1 PRACTICE SITE 3										
		DENTAL HYGIENIST WITH EXTENDED CARE										
		PERMIT LEVEL 2 PRACTICE SITE 3										
		NEW PATIENTS AT SITE 3 YES			NEED	NEED	NEED			NEED		
		NEW PATIENTS AT SITE 3 NO			NEED	NEED	NEED			NEED		
181		WAIT HOURS AT SITE 3			NEED	NEED	NEED			NEED		
	Practice Other											
	KADDPS	NUMBER OF ADDITIONAL PRAC SITES	NEED	NEED	NEED	NEED	NEED		NEED	NEED	NEED	NEED
183	KADDHRS	HRS IN ADD PRACTICE SITES	NEED		NEED	NEED	NEED		NEED	NEED	NEED	NEED

/airable	Minimum Dataset			
Number	Variable Name	Minimum Dataset Descriptions		
	License		RNA	ARNP
		FEDERAL PROVIDER ID NUMBER (IF		
1	FEDPROID	APPLICABLE)(FROM KDHE-HOC SURVEY	NEED	NEED
2	PFLICN	LICENSE NUMBER	license_no	license_no
3	PFLICS	LICENSE STATUS	license_status	license_status
4	PFOLDT	ORIG LICENSE DATE	issue_date	issue_date
5	PFEXDT	LICENSE EXPIR DATE	expiration_date	expiration_date
6	PFLSTR	LAST RENEWAL DATE	date_last_renewal	date_last_renewa
7	KLICMETH	LICENSE METHOD (NURSING ONLY)	obtained_type	obtained_type
8	PFLICTYP	(LICENSE TYPE)	license_type	license_type
	Demographics			
	PFDTOB	DATE OF BIRTH	date_of_birth	date_of_birth
10	PFPLOB	PLACE OF BIRTH		
11	KSEX	GENDER	gender	gender
12	KLNGENG	LANG ENGLISH	NEED	NEED
13	KLNGSPN	LANG SPANISH	NEED	NEED
14	KLNGCHIN	LANG CHINESE	NEED	NEED
15	KLNGFREN	LANG FRENCH	NEED	NEED
16	KLNGGERM	LANG GERMAN	NEED	NEED
17	KLNGTAGA	LANG TAGALOG	NEED	NEED
18	KLNGVIET	LANG VIETNAMESE	NEED	NEED
19	KLNGARAB	LANG ARABIC	NEED	NEED
20	KLNGHIND	LANG HINDI	NEED	NEED
21	KLNGPILI	LANG PILIPINO	NEED	NEED
22	KLNGURDU	LANG URDU	NEED	NEED
23	KLNGSIGN	LANG SIGN	NEED	NEED
24	KLNGOTH	LANG OTHER	NEED	NEED
25	KLNGSPC	LANG SPECIFY	NEED	NEED
26	KRACEW	RACE WHITE	NEED	NEED
27	KRACEB	RACE BLACK OR AFRICAN AMERICAN	NEED	NEED
28	KRACEN	RACE AMERICAN INDIAN OR ALASKA NATIVE	NEED	NEED
29	KRACEA	RACE ASIAN	NEED	NEED
	1	RACE NATIVE HAWAIIAN OR OTHER PACIFIC		
30	KRACEHPI	ISLANDER	NEED	NEED
	KHISPANY	ETHNICITY HISPANIC OR LATINO	NEED	NEED
_	KHISPANN	ETHNICITY NOT HISPANIC OR LATINO	NEED	NEED
	KRACEO	RACE OTHER	NEED	NEED
	KRACESPC	RACE SPECIFY	NEED	NEED
_	PFUSRY	US RESIDENT OR CITIZEN (Y)	NEED	NEED
	PFUSRN	US RESIDENT OR CITIZEN (N)	NEED	NEED
	RETIREY	RETIRING IN THE NEXT TWO YEARS YES	NEED	NEED

Vairable	Minimum Dataset			
Number	Variable Name	Minimum Dataset Descriptions		
	License		RNA	ARNP
	RETIREN	RETIRING IN THE NEXT TWO YEARS NO	NEED	NEED
30	INCTINCT	ARE YOU ACTIVELY RECRUTING A DENTIST	NEED	NEED
39		TO JOIN YOUR PRACTICE		
00		IF YES, HOW LONG HAVE YOU BEEN		
40		LOOKING FOR A DENTIST TO JOIN YOUR		
41		IS YOUR PRACTICE CURRENTLY FOR SALE		
		ARE YOU CURRENTLY RECRUITING FOR A		
42		DENTAL HYGIENIST		
		ARE YOU CURRENTLY SEEKING		
43		EMPLOYMENT AS A DENTIST (FULL OR PART		
		IF YES, HOW LONG HAVE YOU BEEN		
44		LOOKING FOR EMPLOYMENT AS A DENTIST?		
	Person	51007.11115		6
	PFNMEF	FIRST NAME	first_name	first_name
	PFNMEI PFNMEL	MIDDLE INITIAL	middle_name	middle_name
		LAST NAME	last_name	last_name
	PFNMES CREDENT	NAME SUFFIX		
	Residents	PROFESSIONAL DESIGNATION		
	Tesidents			
50	KRESPGMN	RESIDENCE PROGRAM NO (X)		
51	KRESPGMY	RESIDENCE PROGRAM YES (X)		
52	KRESINST	RESIDENCE INSTITUTION		
	KRESCITY	RESIDENCE CITY		
54	KRESSTE	RESIDENCE STATE		
	KRESZIP	RESIDENCE ZIP (5 digit)		
56	KRESZ 4	RESIDENCE ZIP EXTENSION (4 digit)		
	KRESCO	RESIDENCE COUNTY		
	Specialty			
	KSC1	SPECIALIZATION CODE 1		
59	KSC2	SPECIALIZATION CODE 2		
60	KSC3	SPECIALIZATION CODE 3		
61	SPNAME1	SPECIALIZATION NAME 1		SPECIALTY
62	SPNAME2	SPECIALIZATION NAME 2		SPECIALTY
63	SPNAME3	SPECIALIZATION NAME 3		SPECIALTY
64	SPECOTH1	OTHER SPECIALIZATION NAME 1		
	SPECOTH2	OTHER SPECIALIZATION NAME 2		
	SPECOTH3	OTHER SPECIALIZATION NAME 3		

Vairabla	Minimum Datasat	I		
Vairable	Minimum Dataset	Minimo una Datas et Daganintiana		
Number	Variable Name	Minimum Dataset Descriptions		
	License		RNA	ARNP
	KBC1N	BOARD CERTIFIED SPEC 1 NO (X)	NNA	ANNE
	KBC1Y	BOARD CERTIFIED SPEC 1 YES (X)		
	KBC2N	BOARD CERTIFIED SPEC 2 NO (X)		
	KBC2N KBC2Y	BOARD CERTIFIED SPEC 2 YES (X)		
-	_	BOARD CERTIFIED SPEC 3 NO (X)		
	KBC3N	BOARD CERTIFIED SPEC 3 YES (X)		
	KBC3Y	BOARD CERTIFIED SPEC 3 TES (X)		
	Education	COLLOCAL DECORPORTION (MANAS)		
	PFSCHM	SCHOOL DESCRIPTION (NAME)	NEED	NEED
	PFSCHOOL	SCHOOL CODE	NEED	NEED
	DEGREE	COLLEGE DEGREE	NEED	NEED
	PFDEGD	DEGREE DATE	NEED	NEED
77	EDLEVELH	EDUCATION LEVEL-HIGHEST	NEED	NEED
		GRADUATE OF AN INTERNATIONAL SCHOOL		
78	ISCHOOLY	(YES)		NEED
		GRADUATE OF AN INTERNATIONAL SCHOOL		
79	ISCHOOLN	(NO)		NEED
	Mailing			
80	ADRESP	MAIL ADD TYPE (PROF OR HOME)	NEED	NEED
81	ADORG	MAIL ORGANIZATION NAME	NEED	NEED
82	ADLNE1	MAIL ADDRESS 1	addr_line_1	addr_line_1
83	ADLNE2	MAIL ADDRESS 2	addr_line_2	addr_line_2
84	ADCITY	MAIL CITY	addr_city	addr_city
85	ADSTE	MAIL STATE	addr state	addr state
86	ADZIPC	MAIL ZIPCODE (5 digit)	addr zipcode (5)	addr zipcode (5)
87	ADZIPC 4	MAIL ZIPCODE (4 digit)	addr_zipcode (4)	addr_zipcode (4)
88	ADPHNE	MAIL PHONE	NEED	NEED
	Practice General			
	KDPCAREY	KANSAS DIRECT PATIENT CARE (Y)	NEED	NEED
	KDPCAREN	KANSAS DIRECT PATIENT CARE (N)	NEED	NEED
		HOURS IN ADMINISTRATION IN A TYPICAL		
91	ADMINHRS	WEEK	NEED	NEED
	RESEAHRS	HOURS IN RESEARCH IN A TYPICAL WEEK	NEED	NEED
	TEACHHRS	HOURS IN TEACHING IN A TYPICAL WEEK	NEED	NEED
	OTHHRS	HOURS IN OTHER IN A TYPICAL WEEK	NEED	NEED
	Practice 1			
	KORGPS1	PRACTICE SITE 1 ORGANIZATION NAME	NEED	NEED
	KLN1PS1	PRACTICE SITE 1 ADDRESS 1	NEED	NEED
	KLN2PS1	PRACTICE SITE 1 ADDRESS 2	NEED	NEED
	KPSCITY1	PRACTICE SITE 1 CITY	NEED	NEED
	KPSSTE1	PRACTICE SITE 1 STATE	NEED	NEED
	KPSZIP1	PRACTICE SITE 1 ZIP (5 digit)	NEED	NEED
100	u 02.11 1			

Vairable	Minimum Dataset			
Number	Variable Name	Minimum Dataset Descriptions		
	License		RNA	ARNP
101	KPSZ1 4	PRACTICE SITE 1 ZIP EXTENSION (4 digit)	NEED	NEED
	KPSPH1	PRACTICE SITE 1 PHONE	NEED	NEED
103	KPSFAX1	PRACTICE SITE 1 FAX	NEED	NEED
104	KPS1EMAL	PRACTICE SITE 1 EMAIL ADDRESS	NEED	NEED
105	KPSTYPE1	PRACTICE SITE 1 TYPE	NEED	NEED
106	KPTYOTH1	PRACTICE SITE 1 OTHER	NEED	NEED
107	KPATSEE1	PATIENTS SEEN PER WEEK SITE 1		NEED
108	KHRSPS1	PRACTICE SITE 1 HOURS	NEED	NEED
109	KWKPYR1	PRACTICE SITE 1 WKS PER YR	NEED	NEED
110	KPCT1PS1	PRACTICE SITE 1 % SPECIALTY 1		NEED
111	KPCT2PS1	PRACTICE SITE 1 % SPECIALTY 2		NEED
112	KPCT3PS1	PRACTICE SITE 1 % SPECIALTY 3		NEED
113	KPCTMH1	PRACTICE SITE 1 % MENTAL HEALTH		NEED
		PERCENT OF MEDICAID PATIENTS AT		
114	KPCTMEDICAIDPS	PRACTICE SITE 1		NEED
		PERCENT OF SLIDING FEE PATIENTS AT		
115	KPCTSLIDEFEEPS			NEED
	DENTHYGPS1	DENTAL HYGIENISTS AT PRACTICE SITE 1		
117	DENTASSISPS1	DENTAL ASSISTANTS AT PRACTICE SITE 1		
		DENTAL SCALING ASSISTANTS AT PRACTICE		
118	DENTSCALEPS1	SITE 1		
	505114 4504	DENTAL HYGIENIST WITH EXTENDED CARE		
119	ECPLVL1PS1	PERMIT LEVEL 1 PRACTICE SITE 1		
400	E0011/10004	DENTAL HYGIENIST WITH EXTENDED CARE		
	ECPLVL2PS1	PERMIT LEVEL 2 PRACTICE SITE 1		NEED
	NEWPATPS1Y NEWPATPS1N	NEW PATIENTS AT SITE 1 YES NEW PATIENTS AT SITE 1 NO		NEED NEED
	WAITHRSPS1	WAIT HOURS AT SITE 1 NO		NEED
	Practice 2	WAIT HOURS AT SITE I		INCED
	KORGPS2	PRACTICE SITE 2 ORGANIZATION NAME	NEED	NEED
	KLN1PS2	PRACTICE SITE 2 ADDRESS 1	NEED	NEED
	KLN2PS2	PRACTICE SITE 2 ADDRESS 2	NEED	NEED
	KPSCITY2	PRACTICE SITE 2 CITY	NEED	NEED
	KPSSTE2	PRACTICE SITE 2 STATE	NEED	NEED
	KPSZIP2	PRACTICE SITE 2 ZIP (5 digit)	NEED	NEED
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Ì
130	KPSZ2_4	PRACTICE SITE 2 ZIP EXTENSION (4 digit)	NEED	NEED
	KPSPH2	PRACTICE SITE 2 PHONE	NEED	NEED
132	KPSFAX2	PRACTICE SITE 2 FAX	NEED	NEED
	KPS2EMAL	PRACTICE SITE 2 EMAIL ADDRESS	NEED	NEED

Vairable	Minimum Dataset			
Number	Variable Name	Minimum Dataset Descriptions		
	License		RNA	ARNP
	KPSTYPE2	PRACTICE SITE 2 TYPE	NEED	NEED
	KPTYOTH2	PRACTICE SITE 2 OTHER	NEED	NEED
136	KPATSEE2	PATIENTS SEEN PER WEEK SITE 2		NEED
137	KHRSPS2	PRACTICE SITE 2 HOURS	NEED	NEED
	KWKPYR2	PRACTICE SITE 2 WKS PER YR	NEED	NEED
139	KPCT1PS2	PRACTICE SITE 2 % SPECIALTY 1		NEED
	KPCT2PS2	PRACTICE SITE 2 % SPECIALTY 2		NEED
	KPCT3PS2	PRACTICE SITE 2 % SPECIALTY 3		NEED
	KPCTMH2	PRACTICE SITE 2 % MENTAL HEALTH		NEED
	14 0111112	PERCENT OF MEDICAID PATIENTS AT		NEED
143	KPCTMEDICAIDES			NEED
		PERCENT OF SLIDING FEE PATIENTS AT		
144	KPCTSLIDEFEEPS	PRACTICE SITE 2		NEED
	DENTHYGPS2	DENTAL HYGIENISTS AT PRACTICE SITE 2		
146	DENTASSISPS2	DENTAL ASSISTANTS AT PRACTICE SITE 2		
		DENTAL SCALING ASSISTANTS AT PRACTICE		
147	DENTSCALEPS2	SITE 2		
		DENTAL HYGIENIST WITH EXTENDED CARE		
148	ECPLVL1PS2	PERMIT LEVEL 1 PRACTICE SITE 2		
		DENTAL HYGIENIST WITH EXTENDED CARE		
	ECPLVL2PS2	PERMIT LEVEL 2 PRACTICE SITE 2		
	NEWPATPS2Y	NEW PATIENTS AT SITE 2 YES		NEED
	NEWPATPS2N	NEW PATIENTS AT SITE 2 NO		NEED
	WAITHRSPS2	WAIT HOURS AT SITE 2		NEED
	Practice 3 KORGPS3	PRACTICE SITE 3 ORGANIZATION NAME	NEED	NEED
	KLN1PS3 KLN2PS3	PRACTICE SITE 3 ADDRESS 1 PRACTICE SITE 3 ADDRESS 2	NEED NEED	NEED NEED
	KPSCITY3	PRACTICE SITE 3 ADDRESS 2	NEED	NEED
	KPSSTE3	PRACTICE SITE 3 CITY PRACTICE SITE 3 STATE	NEED	NEED
	KPSZIP3	PRACTICE SITE 3 ZIP (5 digit)	NEED	NEED
150	11.1 02.11 0	THE CONTROL OF THE COLUMN (O digit)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ALLE
159	KPSZ3_4	PRACTICE SITE 3 ZIP EXTENSION (4 digit)	NEED	NEED
	KPSPH3	PRACTICE SITE 3 PHONE	NEED	NEED
	KPSFAX3	PRACTICE SITE 3 FAX	NEED	NEED
	KPS3EMAL	PRACTICE SITE 3 EMAIL ADDRESS		NEED
	KPSTYPE3	PRACTICE SITE 3 TYPE	NEED	NEED
	KPTYOTH3	PRACTICE SITE 3 OTHER	NEED	NEED
	KPATSEE3	PATIENTS SEEN PER WEEK SITE 3		NEED
	KHRSPS3	PRACTICE SITE 3 HOURS	NEED	NEED

Vairable	Minimum Dataset			
Number	Variable Name	Minimum Dataset Descriptions		
	License		RNA	ARNP
167	KWKPYR3	PRACTICE SITE 3 WKS PER YR	NEED	NEED
168	KPCT1PS3	PRACTICE SITE 3 % SPECIALTY 1		NEED
169	KPCT2PS3	PRACTICE SITE 3 % SPECIALTY 2		NEED
170	KPCT3PS3	PRACTICE SITE 3 % SPECIALTY 3		NEED
171	KPCTMH3	PRACTICE SITE 3 % MENTAL HEALTH		NEED
		PERCENT OF MEDICAID PATIENTS AT		
172	KPCTMEDICAIDPS	PRACTICE SITE 3		NEED
		PERCENT OF SLIDING FEE PATIENTS AT		
173	KPCTSLIDEFEEPS	PRACTICE SITE 3		NEED
174	DENTHYGPS3	DENTAL HYGIENISTS AT PRACTICE SITE 3		
175	DENTASSISPS3	DENTAL ASSISTANTS AT PRACTICE SITE 3		
		DENTAL SCALING ASSISTANTS AT PRACTICE		
176	DENTSCALEPS3	SITE 3		
		DENTAL HYGIENIST WITH EXTENDED CARE		
177	ECPLVL1PS3	PERMIT LEVEL 1 PRACTICE SITE 3		
		DENTAL HYGIENIST WITH EXTENDED CARE		
	ECPLVL2PS3	PERMIT LEVEL 2 PRACTICE SITE 3		
	NEWPATPS3Y	NEW PATIENTS AT SITE 3 YES		NEED
	NEWPATPS3N	NEW PATIENTS AT SITE 3 NO		NEED
181	WAITHRSPS3	WAIT HOURS AT SITE 3		NEED
	Practice Other			
	KADDPS	NUMBER OF ADDITIONAL PRAC SITES	NEED	NEED
183	KADDHRS	HRS IN ADD PRACTICE SITES	NEED	NEED